CANADIAN STRATEGY ON HIV/AIDS
Performance Reporting Framework

February 1999

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Performance Reporting Framework

This Reporting Framework was drafted by the Reporting Framework Working Group of the Evaluation Working Group (EWG), Canadian Strategy on HIV/AIDS. The group consisted of Jerzy Jarmasz (chair) SPRD-Health Canada, Satish Seetharam, SPRD-Health Canada, Nina Arron, HPPB-Health Canada and Michel Laurendeau, Treasury Board Secretariat.

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CANADIAN STRATEGY ON HIV/AIDS (CSHA)
Performance Reporting Framework

SECTION 1 - OVERVIEW

1. Background

The Canadian Strategy on HIV/AIDS (CSHA), launched on May 28, 1998, replaces the previous National AIDS Strategy and establishes stable, ongoing funding of $42.2 M annually to address HIV and AIDS in Canada. Health Canada and Correctional Service Canada (CSC) are the two major government participants in the Strategy. The Medical Research Council (MRC), under a Memorandum of Understanding with the National Health Research Development Program (NHRDP), Health Canada, receives funds to support extramural research.

The Strategy is designed to strengthen Canada's capacity to respond to the complex and unstable nature of the multiple HIV epidemics in Canada. Three overarching policy directions guide the implementation of the Strategy.

- *Enhanced Sustainability and Integration* — adoption of new approaches and mechanisms to consolidate and coordinate sustained national action.
- *Increased Focus on those most at risk* — innovative strategies to target high-risk behaviours in populations that are often socially and economically marginalized.
- *Increased Public Accountability* — increased evidence-based decision making and ongoing performance review and monitoring.

2. Purpose of this Document

Governmental approval of the CSHA committed Health Canada and CSC to develop a performance reporting framework to implement the Strategy. This document, prepared in fulfilment of that commitment, details the performance measurement approach and summary performance indicators for activities undertaken by Health Canada and CSC under the Strategy.

The framework is designed to accommodate future participation of other federal departments, agencies and non-governmental partners that may evolve as a result of the Strategy's emphasis on sustainability, integration and increased public accountability.

3. The CSHA Performance Reporting Framework - Summary Description

The CSHA Performance Reporting Framework serves as the link between federal government accountability commitments and the reporting of actual results in relation to activities. It is a blueprint which describes how Health Canada and CSC will ensure that their activities lead to the achievement of the goals of the Strategy.

The Framework is intended to clarify the relationship of program objectives, activities and performance indicators with the intended results or goals of the Strategy. The Framework also functions as an effective communication tool. Consistent with the Strategy's focus on partnership, numerous individuals and groups, whether senior managers, the provinces and territories, HIV/AIDS communities or program staff, will be informed of the status of the Strategy. If program or activity changes are required to attain the desired results, they can be readily identified and adjusted. Finally, the Framework, with its specification of performance indicators and data sources, ensures that data collection focuses on the most relevant items.

The CSHA Performance Reporting Framework is divided into two major sections. The first section presents Health Canada's and CSC's accountability under the Strategy. It outlines the various coordination structures and mechanisms being put in place to ensure that accountability requirements are met. It brings out the overall responsiveness of the Strategy by linking broad Strategy objectives or outcomes to the expected results or the overall Strategy goals. Section one will remain constant from one reporting year to another.

The second section - the Annex - provides a synopsis of the information required to measure key results at a broad strategy-wide level. It describes the program elements under the Strategy in relation to associated major activities, key results, performance indicators and data collection sources. The Annex is a living document. It will be reviewed and revised on a regular basis as activities add or change to ensure the overall responsiveness and long-term sustainability of the Strategy.

4. Accountability and Coordination

The structure and mechanisms designed to ensure coordination and accountability at Health Canada and CSC are described below.

4.1 Health Canada's Responsibilities and Activities

Health Canada manages $41.6 million or 98.6 per cent of the annual allocations under the *Canadian Strategy on HIV/AIDS*. In order to ensure that the funds are appropriately allocated, coordinated and managed, several organizational and coordinating mechanisms have been, or are in the process of being, established. Program elements spanning five Program Branches are involved with delivering on the mandate of the *Strategy*.

The Assistant Deputy Minister (ADM), Health Promotion and Programs Branch (HPPB), has lead responsibility for the overall implementation and coordination of the *Strategy*, and for the management of four of the Strategy's program components. The ADMs of the Medical Services Branch (MSB), the Health Protection Branch (HPB), and the Policy and Coordination Branch (P&CB) also have responsibilities for delivery of HIV/AIDS program elements. The ADM of Information Analysis and Connectivity Branch is responsible for NHRDP, which funds extramural research.

Overview of Health Canada HIV/AIDS Program Elements by Branch		
Branch	**Program Element**	**$,000**
Health Promotion and Programs	• Strategic Management • Policy Integration & Coordination • Prevention & Community Action • Care, Treatment & Support	21,950

Information Analysis and Connectivity	• Extramural research -
	  * NHRDP (incl Aboriginal, community based)
	  * NHRDP/MRC
		12,150

Health Protection	• Surveillance • Laboratory Services • Research	6,000
Medical Services	• Inuit and First Nations HIV/AIDS Program	1,100
Policy and Coordination	• International Coordination • Evaluation	400
	TOTAL	41,600

4.2 Coordination Mechanisms Managed by Health Canada

Because of the size and complexity of the HIV/AIDS *Strategy,* Health Canada has organized and coordinates the work of several Committees.

The Ministerial Council on HIV/AIDS is an integral part of the *Strategy* and provides independent advice to the Minister of Health on the pan-Canadian aspects of the Strategy.

Health Canada's programs and activities are subsumed under two umbrella coordination mechanisms: an ADM Coordinating Committee (ADMCC) supported by an Interbranch Strategy Team (IST). The ADM Coordinating Committee (ratification pending) will ensure the efficient and effective management of the departmental activities across the five participating branches.

The Interbranch Strategy Team supports the ADMCC by providing strategic advice on cross-branch issues. In addition to the Director level representatives from the participating branches, Finance and Corporate Services are represented. Quarterly reports are prepared for the ADMCC. Although primarily an in-house team, the IST will meet, at least, quarterly with representatives of CSC and the MRC.

To facilitate the work of the IST, and to ensure that the *Strategy* goals are being addressed, permanent working groups/committees are being established. Current permanent working groups include the Evaluation Working Group (EWG) and the Interdepartmental Coordinating Committee (IDCC) on HIV/AIDS. Ad hoc working groups will be formed to address specific issues, as required.

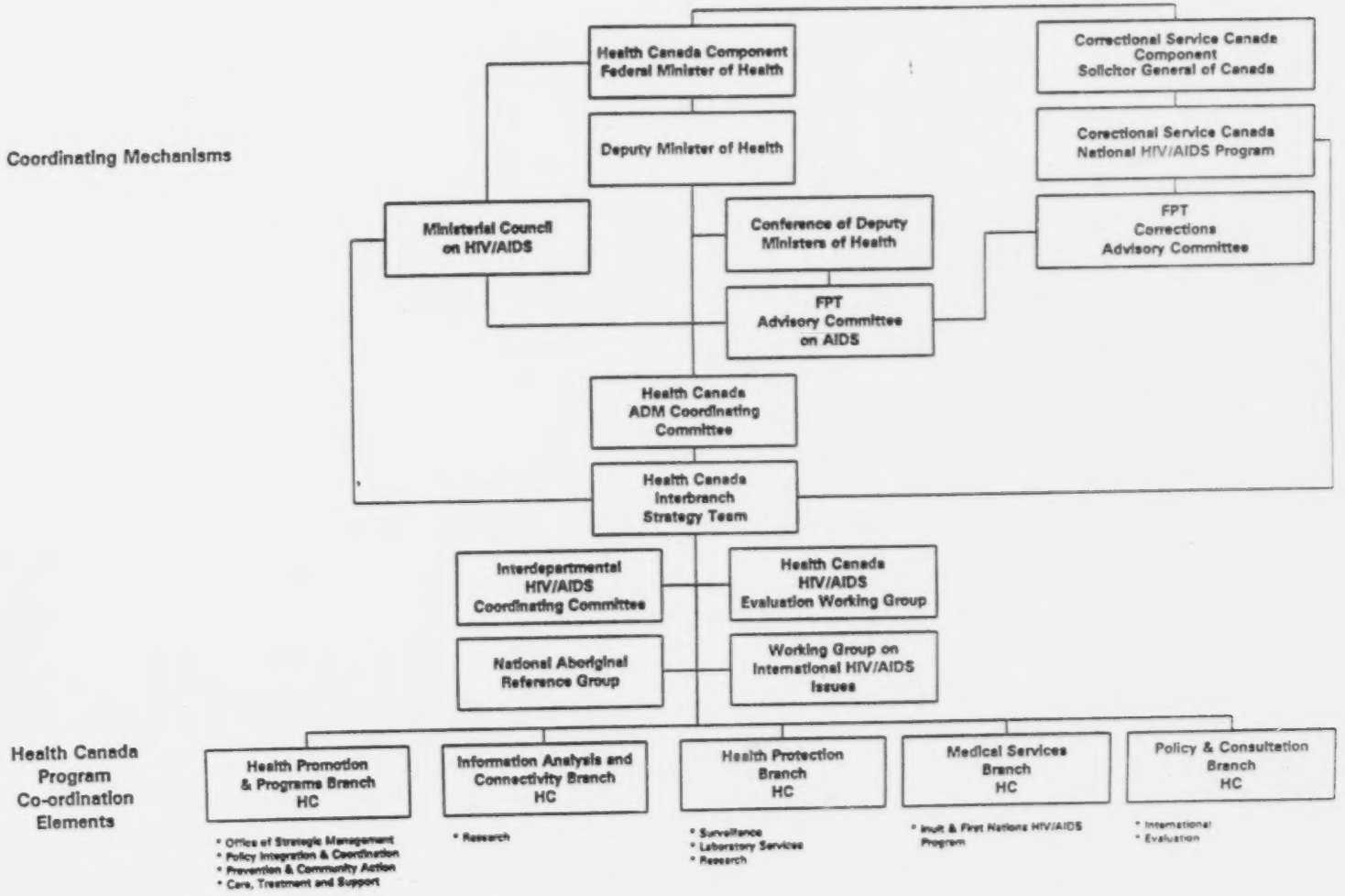
Health Canada's Coordinating Mechanisms for Ensuring Efficiency and Effectiveness		
Coordinating Mechanism	**Mandate**	**Membership**
Ministerial Council on HIV/AIDS (most senior committee, established through the *Strategy*)	To provide independent advice to the Minister of Health on pan-Canadian aspects of HIV/AIDS by • providing long-term vision • championing new and emerging issues • monitoring and evaluating *Strategy* implementation	• 15 non-government members appointed by the Minister, including 5 HIV+ individuals and 2 ex-officio members (ADM- HPPB, and a provincial representative from the Federal/Provincial/ Territorial Advisory Committee on AIDS)
(Internal to Health Canada) ADM Coordinating Committee *(ADMCC)* *(ratification pending)* **Interbranch Strategy Team**	To ensure that Health Canada's activities in support of the *Canadian Strategy on HIV/AIDS* are efficiently and effectively managed. To support ADMCC by • providing strategic advice regarding cross-branch issues and gaps • ensuring that departmental objectives and accountabilities are met	• ADM, Health Promotion and Programs • ADM, Medical Services • ADM, Health Protection • ADM, Policy and Consultation • ADM, Information Analysis and Connectivity • Directors representing ADMCC branches • CSC and MRC representatives at quarterly meetings
(Federal Government) Inter-departmental Coordinating Committee on HIV/Aids (ICC)	To facilitate the establishment and maintenance of horizontal linkages among participating federal departments and agencies.	Representatives from 18 participating departments and agencies
Federal/Provincial/Territorial Advisory Committee on AIDS (FPTAC)	To provide strategic policy advice on HIV/AIDS to the Conference of Deputy Ministers	Representatives from each province and territory and Health Canada ADM HPPB - federal co-chair
Working Group on International HIV/AIDS Issues	To provide advice on developments in the global epidemic to guide Canada's international response.	Membership: Canadian based stakeholders with international mandates: NGOs, CIDA, Health Canada, Foreign Affairs
The National Aboriginal Reference Working Group (in planning stage)	To provide advice on the Aboriginal component of the *Strategy*	

The coordination mechanisms involved in the delivery of the *Canadian Strategy on HIV / AIDS* is presented in *Figure 1* on page 5.

Figure 1

HEALTH CANADA

Proposed Major Coordination Mechanisms and Program Elements



Draft - December 1998

4.3 Correctional Service Canada's Responsibilities and Activities

Corrections Service Canada receives $0.6 million or 1.2 per cent of the annual allocation under the *Canadian Strategy on HIV / AIDS*. Program elements spanning seven Program sectors are involved with delivering the *Strategy* mandate.

The Assistant Commissioner, Correctional Operations and Programs (ACCOP) has responsibility for overall implementation and coordination, and responsibility for the management of the *Strategy*. Working in the same sector, the Director General Health Services and the National HIV/AIDS Coordinator are responsible for the development of policies and standards, coordination and monitoring, and development and maintenance of effective networks. Assistant Commissioners from six other sectors are responsible for other elements of the *Strategy*.

In the regions, the Regional Deputy and Assistant Deputy Commissioners are tasked with the responsibility for ensuring that *Strategy* activities are implemented and maintained in accordance with policies, guidelines and standards. Regional and Institutional Infectious Diseases Coordinators have operational responsibilities for addressing issues related to HIV/AIDS and other infectious diseases This includes monitoring the implementation of the Strategy activities.

Overview of Correction Service Canada's HIV / AIDS Program Elements by Sector	
Sector	**Program Element**
Correctional Operations and Programs	• Prevention and Education • Care Treatment and Support • Surveillance • Legal Ethical and Human Rights Issues • Coordination and Collaboration
Women	• Gender specific issues
Legal	• Legal (Legal, Ethical, Human Rights)
Personnel and Training	• Staff training (Prevention and Education)
Performance Assurance	• Evaluation
Corporate Development	• Planning • Policy
Corporate Services	• Finance

4.4 Correctional Service Canada Coordination Mechanisms

Coordination mechanisms have been or are being established with various internal and external stakeholder groups affiliated with correctional settings. Committees facilitate the establishment and maintenance of horizontal linkages. A Correctional Service representative attends: Health Canada's Inter-Departmental Coordinating Committee on a quarterly basis, Interdepartmental Coordinating Committee; the Evaluation Working Group meetings; and quarterly meeting of the Interbranch Strategy Team.

Correctional Service Canada's Coordinating Mechanisms for Ensuring Efficiency and Effectiveness

Coordinating Mechanism	Mandate	Scope and Membership
(Internal to CSC) National HIV/AIDS Program Implementation Committee **Committee of Regional Infectious Disease Co-ordinators**	• To identify program priorities and ensure information sharing, co-ordination and monitoring • To identify and report on emerging issues • To identify and assist in addressing issues related to infectious diseases • To support the development, implementation and monitoring of the National HIV/AIDS Program.	• Members: National and regional representatives from CSC and National Parole Board • Members: Regional Infectious Disease Co-ordinators (5) and the National HIV/AIDS Coordinator
National Infectious Diseases Committee **(Federal departments and union representatives)**	• To provide advice related to infectious diseases. Advice on: * issues * proposed initiatives * interventions.	• Members: CSC representatives (human resources, operations, regional senior management and regional Health Services) * Health Canada * Professional Institute of the Public Service * Union of Solicitor General Employees
Federal Provincial Territorial Heads of Corrections Working Group on HIV/AIDS	• To promote a policy and program environment that will enable provincial/territorial and federal corrections systems to address HIV / AIDS in the prison environment through • examination of issues • opportunities for collaboration	• Members: representatives from federal, provincial and territorial correctional systems
Mechanisms for Community Organizations (in planning stages)	• To promote collaborate between CSC and community organizations.	
Mechanisms for International organizations (in planning stages)	• To promote collaborate with international AIDS organizations and international correctional systems.	

5. Framework Design

The CSHA Performance Reporting Framework has been designed using a result oriented logic model approach to monitor and report on the Strategy's progress towards goal achievement.

A logic model maps the relationship between the *objectives* of an initiative, its *activities*, and the program *results or impacts*. Impacts, in turn, range from the more specific to the more general. As a rule, the impacts more closely related to the activity are easier to measure or quantify. As one moves along the chain the impacts become more abstract. Attributing results to activities becomes much more difficult, as often there are numerous intervening factors or variables.

The Logic Model, Figure 2, on page 9 describes the chain of "logic" from the *Strategy* objective, through the *elements/components* and on to the four levels of intended impact identified as being relevant to the *Strategy*. These four levels are defined as follows:

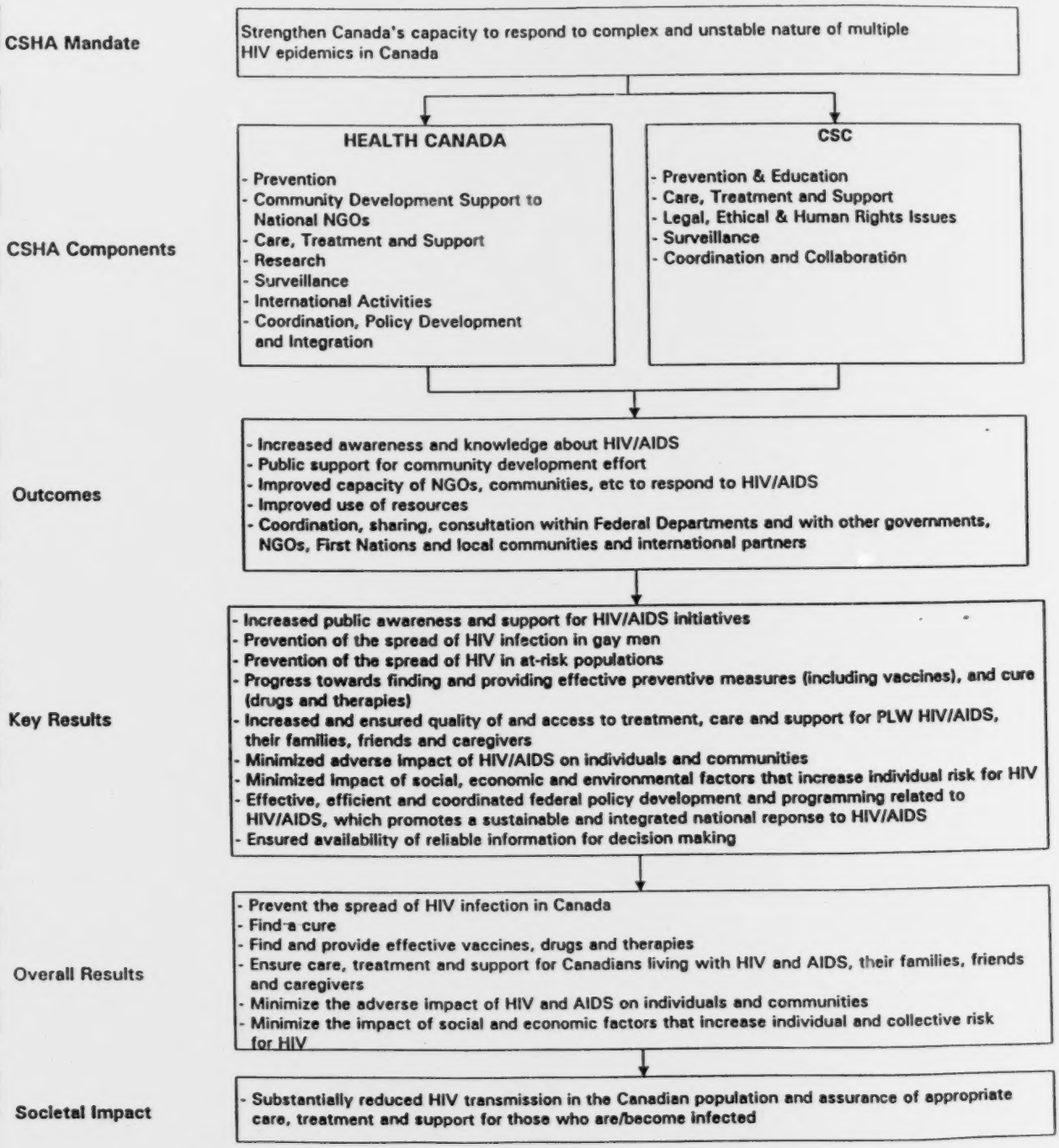
Outcomes — These are the first order of results directly attributed to element/component activities. Well articulated and readily measured performance indicators can be identified at this level. Program managers can directly influence the activities and measure the progress towards achieving the outcomes. Annual reporting on outcomes is one of the conditions associated with the governmental approval.

Key Results — These imply long-term efforts and are subject to a variety of influences beyond the control of the *Strategy*. Activities and policies of other federal departments, agencies and Crown corporations and non-governmental partners are just a few factors that may affect result attainment. Key results often involve behavioural and attitudinal changes, which by definition are often elusive to discern and complex and expensive to measure.

Overall Results correspond to the goals identified in the *Strategy*.

Societal Impact — The is most abstract "result" and there are many factors, only one of which may be the *Strategy*, which affect its achievement. This, in essence, is the vision associated with the *Strategy*.

Exhibit 6: Logic Model - Canadian Strategy on HIV/AIDS


CSHA Mandate
Strengthen Canada's capacity to respond to complex and unstable nature of multiple HIV epidemics in Canada
CSHA Components
HEALTH CANADA
- Prevention
- Community Development Support to National NGOs
- Care, Treatment and Support
- Research
- Surveillance
- International Activities
- Coordination, Policy Development and Integration
CSC
- Prevention & Education
- Care, Treatment and Support
- Legal, Ethical & Human Rights Issues
- Surveillance
- Coordination and Collaboration
Outcomes
- Increased awareness and knowledge about HIV/AIDS
- Public support for community development effort
- Improved capacity of NGOs, communities, etc to respond to HIV/AIDS
- Improved use of resources
- Coordination, sharing, consultation within Federal Departments and with other governments, NGOs, First Nations and local communities and international partners
Key Results
- Increased public awareness and support for HIV/AIDS initiatives
- Prevention of the spread of HIV infection in gay men
- Prevention of the spread of HIV in at-risk populations
- Progress towards finding and providing effective preventive measures (including vaccines), and cure (drugs and therapies)
- Increased and ensured quality of and access to treatment, care and support for PLW HIV/AIDS, their families, friends and caregivers
- Minimized adverse impact of HIV/AIDS on individuals and communities
- Minimized impact of social, economic and environmental factors that increase individual risk for HIV
- Effective, efficient and coordinated federal policy development and programming related to HIV/AIDS, which promotes a sustainable and integrated national reponse to HIV/AIDS
- Ensured availability of reliable information for decision making
Overall Results
- Prevent the spread of HIV infection in Canada
- Find a cure
- Find and provide effective vaccines, drugs and therapies
- Ensure care, treatment and support for Canadians living with HIV and AIDS, their families, friends and caregivers
- Minimize the adverse impact of HIV and AIDS on individuals and communities
- Minimize the impact of social and economic factors that increase individual and collective risk for HIV
Societal Impact
- Substantially reduced HIV transmission in the Canadian population and assurance of appropriate care, treatment and support for those who are/become infected

The relationship between the Key Results, the associated Performance Indicators and the possible Sources of Information for monitoring and measuring against the indicators appears below. Because this Performance Measurement Framework refers to the *Strategy* in its entirety, the objectives and activities do not appear here.

Linking Key Results, Performance Indicators and Sources of Information

Key Results	Performance Indicators	Sources of Information
• Increased public awareness of HIV /AIDS initiatives • Support for HIV/AIDS initiatives. • Prevention of the spread of HIV infection in gay men • Prevention of the spread of HIV in at-risk populations	• Awareness of and knowledge about HIV transmission • Demonstrated public support for investment in HIV/AIDS initiatives • HIV incidence among gay men • Adoption of proven, culturally relevant HIV prevention models at the community level • HIV incidence in at-risk populations	• Canadian Population
• Discovering and delivering effective preventive measures (i.e, vaccines), and cures (i.e.,drugs and therapies) • Increased access to high quality treatment, care and support for persons with HIV/AIDS, their families, friends and caregivers • Minimized adverse impact of HIV/AIDS on individuals and communities • Minimized social, economic and environmental factors that increase individual risk for HIV	• Adoption of appropriate vaccines, drugs and therapies • To be determined • Time sensitive access to HIV/AIDS prevention and treatment services • Improved services to individuals and communities • Improved services to populations at risk	• Governments: provincial. territorial, local • First Nations and Inuit communities national NGOs • community-based organizations • private sector • researchers • professional associations
• Effective, efficient and coordinated federal policies and programs related to HIV / AIDS • sustainable and integrated national response to HIV / AIDS in Canada • Ensured availability of reliable information for decision making	• Appropriate policy development by other levels of government, First Nations and Innuit, NGOs, professional associations, and the private sector • Increase in resources by other levels of government, private sector and NGOs • Creation of effective coordination mechanisms • Appropriate data collection, information, research and evaluation • Information base relevant to addressing HIV/AIDS issues • Actual use of information for policy and program development • Efficient and effective dissemination of information	• Federal government departments, agencies and Crown corporations

6. Management of Performance Measurement Approach

The *Canadian Strategy on HIV/AIDS* performance measurement approach utilizes the principles of cooperation outlined in the *Strategy* and methodology embedded in results-based management. The performance reporting process will comprise a three-tiered management approach.

- *Identification and monitoring of HIV/AIDS issues.* Health Canada and its partners will monitor Canadian, and to some extent, international HIV/AIDS developments.

- *Development and refinement of performance indicators and other tools for measuring the progress towards the achievement of results.* Strategy activities will be monitored using relevant performance indicators and ensuring that functional, horizontal linkages are made to the key results.

- *Horizontal issue management and overall review of activities and results.* The Health Promotion and Programs Branch, Health Canada, as the designated focal point for the Strategy, will manage the various coordination processes and monitor activities against the stated Strategy objectives and program elements. It will also ensure Strategy-wide planning on a regular basis.

7. Accountability Reports

There are two annual reports that must be prepared with respect to the Canadian Strategy on HIV/AIDS. The first one is the *Minister's annual report - Canada's Report on HIV/AIDS*, and the second one is the *CSHA Performance Report* to meet annual federal government requirement.

The CSHA Evaluation Working Group (EWG) is mandated to guide the development of the annual performance report. Their work involves the overall coordination of the review of activities; monitoring progress in identifying performance indicators, collecting performance data and achieving key results; reviewing the completeness/appropriateness of performance information and recommending additional data collection if appropriate.

The following grid shows reporting requirements for departments participating in the Canadian Strategy on HIV/AIDS who are wholly or partially funded from the strategy as well as departments and agencies who conduct HIV/AIDS related activities from departmental resources.

Funding source	Reporting Requirements
wholly or partly funded from the Strategy	*Update:* Performance Indicator Table: complete/revise, date and obtain responsible manager's signature for each activity. To be revised annually, as activities and outcomes are up-dated. *Prepare the participating Department's input for the Annual Canadian Strategy on HIV and AIDS Report:* 1. Summary: provide a general overview of results and achievements, including related information from the fall performance reports, formal program evaluation and audit, departmental tracking systems, reports, media sources and/or interviews. The EWG may, during the course of the Strategy and in discussion with the Department, recommend that the Department carry out special studies of Strategy activities. 2. Narrative report: provide for each activity listed the previous year, describing the activity status and budget, its product (output), who it benefits (reach) and how it links to the long-term impacts (key results) of the Strategy. List the partners that contributed resources, both financial and in-kind.
wholly funded from departmental resources, with integration/Sustainability of HIV and AIDS as objective	*Update:* Performance Indicator Table: complete/revise, date and obtain responsible manager's signature for each activity. To be revised annually, as activities and outcomes are up-dated. *Prepare departmental input into the Annual Report :* Narrative report: provide for each activity listed the previous year, *ideally* describing the activity status, its product (output), who it benefits (reach) and how it links to the long-term impacts (key results) of the Canadian Strategy on HIV /AIDS. List the partners that contributed resources, both financial and in kind.

7.1 Annual Report

Performance information provided in the Annex will be used to prepare the annual departmental Performance Report and annual Public Report.

Annual Cycle for Reporting and Approvals		
When	**Who**	**What**
February	HPPB, Health Canada	Issue Call Letter for departmental revised tables and input into the annual CSHA Performance Report
March	Health Canada —appropriate Branches, MRC and CSC	Departments submit revised tables and input into the annual CSHA Performance Report
April	HPPB, Health Canada	Prepare draft the annual CSHA Performance Report
April	PCB, Health Canada	Revise draft 1 the annual CSHA Performance Report to EWG
May	HPPB, Health Canada	Revise the annual CSHA Performance Report, addressing comments and circulate draft 2
May	HIV /AIDS Policy Integration and Coordination Unit, HPPB	Departments indicate concurrence
June 30	HPPB, Health Canada	Health Canada transmits the annual CSHA Performance Report to TBS
September & February	Canadian Strategy on HIV/AIDS EWG	Meet to monitor progress, review performance information, assess horizontal issue management and make recommendations

8. Annual Approvals and Amendments associated with the Reporting Framework

The five Health Canada ADMs, who have responsibilities for the delivery of the *Strategy* and the Assistant Commissioner of CSCs review and approve the document. The ADM Policy and Consultation, Health Canada submits this Performance Reporting Framework and subsequent annual reports to the Treasury Board Secretariat.

Section 2

Annex

Prevention and Community Action Programs

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Expand the HIV prevention knowledge base for vulnerable populations.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
1. Integrate HIV epidemiological and surveillance data into new targeted prevention programming.	Revised priorities for support to develop new targeted prevention programming initiatives.	Partners in Health Canada and other federal departments, provincial/territorial departments & agencies, NGOs, professional associations, practitioners, community-based CBAOs.	Focus of prevention programming adapts to emerging patterns in HIV epidemic and risk behaviours.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Records of briefings and information documents prepared; Revised priorities for preparing proposals; Records of distribution (recipients and dates) of revised priorities for preparing proposals.	Mailing lists for announcements of prevention research and program priorities.	Annual changes in the distribution of projects among target populations; Fit of resource allocations with trends in new HIV infections among target populations.	Decline in number of new infections in target populations.
Data sources	Program files.	Program files; Minutes of meetings; E-mail records.	Program records of funded research activities and projects.	Research reports; Evaluation reports.

I concur

DEC 18 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Expand the HIV prevention knowledge base for vulnerable populations.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
2. Support directed community-based research and evaluations of innovative preventive interventions in vulnerable populations.	Community-based research results on targeted populations; Evaluation results on innovative preventive interventions.	Researchers in the social and behavioral sciences and epidemiology; Partners in provincial and territorial agencies, NGOs and CBAOs; Professional practitioners.	Effective HIV prevention approaches, programs and practices identified and documented; Wider implementation of effective preventive programming and practices; More culturally-appropriate prevention programs implemented that reflect evaluation findings.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Announcements of research priorities/invitations to propose research on targeted vulnerable populations; Listing of targeted research projects supported (annually and cumulative); Listing of research reports produced for each targeted vulnerable populations (annually and cumulative); Evaluation reports produced on innovative preventive interventions; Proportion of innovative preventive interventions evaluated.	Distribution lists for announcements/invitations/requests for research and evaluations; Program and project files; Correspondence with PCAP partners.	Research and evaluation results cited in program decisions; Range/variety of preventive programming and practices implemented by jurisdiction/sector; Take-up of practices and programs with documented effectiveness; Positive feedback from field sources (CBAOs and target populations).	Decline in number of new infections in target populations.

Data sources	Program files; Financial records; Project records; Research and evaluation reports.	Program files; Annual inventory of projects; E-mail records.	Program/project files; Provincial, regional, CBAO informants; Project and evaluation reports; Professional publications.	Research reports; Evaluation reports.

I concur

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DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Expand the HIV prevention knowledge base for vulnerable populations.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
3. Collect, synthesize and disseminate information on preventive interventions and evaluation findings, best practices, and effective preventive programming methods.	List of preventive interventions, evaluation findings, best practices and effective preventive programming methods; Case studies on best practices and effective preventive programming methods.	Partners in provincial/territorial programs and non-government organizations; Community-based practitioners, CBAOs and other service deliverers; International HIV prevention organizations.	More effective prevention programming approaches and practices implemented and supported; Wider implementation of effective prevention programming approaches and practices; More complementary in research and development effort.	Prevent the spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Reports prepared and distributed; Distribution records/lists of recipients.	Distribution lists; Correspondence; Requests for reports; Presentations to meetings.	Public health educators, CBAOs and other practitioners implement program approaches and practices shown to be effective; Increased participation of vulnerable populations in HIV prevention programs.	Decline in number of new infections in target populations.
Data sources	Program files; Publication lists; E-mail records.	Program files; Distribution/mailing lists; E-mail records.	Requests for information on HIV prevention programs; Curricula; Lists of programs supported.	Research reports; Evaluation reports.

I concur

DEC 1 8 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Expand the HIV prevention knowledge base for vulnerable populations.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
4. Support the Canadian HIV/AIDS Clearinghouse and development of an HIV prevention data base.	Canadian HIV/AIDS Clearinghouse acquisition, cataloguing, printing and distribution services; Design for HIV prevention data base is produced and approved; HIV prevention data base developed and implemented.	All partners (federal, provincial/territorial, community based) in HIV prevention; People living with HIV/AIDS; Canadian public.	Reduced duplication of effort to develop HIV prevention programs; More effective HIV prevention programs.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Annual Clearinghouse reports on volume and breadth of services provided and used; Formal approval/funding granted for data base development; Data base outputs generated and distributed.	Clearinghouse users and information providers; HIV prevention data base users.	Adoption by HIV prevention deliverers of existing and proven resources and programs.	Decline in number of new infections in target populations.
Data sources	Clearinghouse statistics and reports; Feedback from stakeholders; Independent reviews/evaluations. Record of approval of data base design specifications and terms of reference for development. Data base performance reports.	Clearinghouse distribution lists, request files, supplier files; Log and files on HIV prevention data base users.	Feedback and reports from regional, provincial/territorial, NGO and CBAO partners; Program records of funding requests; Stakeholder survey.	Research reports; Evaluation reports.

I concur

DEC 1 8 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Reduce the risk of further transmission of HIV

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
1. Develop public awareness prevention strategies.	National HIV prevention public awareness plans; Media resources co-funded with provincial/territorial, NGO and private sector partners; Public information produced about HIV/AIDS.	Professionals, Other governments; Community HIV/AIDS workers; Families; General public; Targeted audiences.	Increased funding for HIV prevention programming from provincial/territorial governments and private sector; Increased public commitment to reduce HIV transmission and risk behaviours.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	National action plan and program approved by partners; Prevention resources distributed to provincial/territorial agencies and other partners; HIV/AIDS prevention included in school curricula; Public information programs and articles about HIV/AIDS; Awareness campaigns developed in partnership with public and private sectors.	Mailing/distribution lists; media reports; Web site hits; Number of jointly-developed awareness campaigns.	More provincial/territorial HIV prevention programs; More public information and awareness programs; Increased public support to HIV/AIDS awareness activities.	Decline in number of new infections in target populations.

Data sources	Canadian HIV/AIDS Clearinghouse records; Program files; Provincial education department curriculum outlines; Print media; Broadcast media; Web site; Funding agreements for awareness campaigns.	CPHA records, provincial reports, Program files, financial records.	Provincial/territorial reports; Media reports.	Research reports; Evaluation reports.

I concur

DEC 18 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Reduce the risk of further transmission of HIV

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
2. Support and monitor innovative community-based HIV prevention initiatives for populations at risk.	Collaborative HIV prevention programs targeted at high risk populations	People living with HIV/AIDS; Aboriginal people; Injection drug users; Men who have sex with men; Street youth; Partners in Provincial/territorial governments; NGOs; CBAOs, Practitioners and service providers.	Increased/accurate knowledge of risk behaviours and safe practices.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Joint program development with internal and external stakeholders	Listings of funded organizations and projects by target groups.	Project reports from funded organizations.	Decline in number of new infections in target populations.
Data sources	Program files.	Program files; Project files; Field reports.	Project files; Case studies; Project outcome evaluations.	Research reports; Evaluation reports.

I concur

DEC 1 8 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Improve the preventive capacity of professionals and provincial and territorial partners.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
1. Develop and implement professional HIV prevention resources and programs	Post-secondary training curricula for professionals in public health, social services and education; Model programs and resources to support professionals in their work with clients.	Provincial/territorial ministries of health and education; Faculties training professionals in health, education and social services; Professionals in training and professionals in the field.	Broad implementation of model programs; Increased support to health and sexuality education in schools; Increased public health service capacity to youth; Effective response by professional and provincial/regional health delivery system to current and emerging HIV education/prevention needs of those at risk.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Training materials and resources produced.	Requests for materials and resources; Faculties adopting available PCAP curriculum modules, materials and resources.	PCAP curriculum modules incorporated in health, education and social services post-secondary training programs; National use of PCAP materials, resources and model program in the field.	Decline in number of new infections in target populations.
Data sources	Program records; Listing of PCAP-funded publications and resources.	PCAP files; Faculty curriculum outlines; Survey of field practices.	Field reports; PCAP files and correspondence.	Research reports; Evaluation reports.

I concur

DEC 18 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Improve the preventive capacity of professionals and provincial/territorial partners.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
2. Promote/facilitate intergovernmental and inter-sectoral collaboration in HIV prevention.	Strategies to address the major determinants of health for populations at risk for HIV; Innovative interventions, developed collaboratively with internal and external stakeholders and providers, to maximize the use of community-based resources for vulnerable populations.	Partners in non-government and provincial agencies, private sector, community-based professional practitioners and providers; persons living with HIV/AIDS.	Broad-based development of policy and interventions into health determinants; Increased integration of efforts; Increased resources provided by other partners/sectors in addressing HIV/AIDS.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Action plan for collaborative studies into the major determinants of health for populations at risk for HIV; Joint funding by internal and external stakeholders for interventions to maximize the use of community-based resources for vulnerable populations.	Participants in jointly-funded collaborative initiatives.	Acceptance of expanded directions and plans to examine health determinants; Range of stakeholders and providers participating.	Decline in number of new infections in target populations.
Data sources	Program files; Minutes of meetings with stakeholders and providers.	Program files; Minutes of meetings with stakeholders and providers.	Program files; Minutes of meetings; Reports on initiatives.	Research reports; Evaluation reports.

I concur

DEC 16 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Maintain and enhance the capacity of national non-governmental and community-based partners to respond to HIV prevention issues.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
1. Support national NGOs and community-based initiatives to foster multi-sectoral collaborative responses to HIV/AIDS prevention issues.	Multi-level collaborative HIV prevention initiatives that use existing infrastructure; Strategic initiatives that address HIV issues for off-reserve Aboriginal peoples.	National NGOs; Community-based HIV/AIDS organizations ; National provincial, territorial and local Aboriginal organizations working with HIV/AIDS.	Multi-sectoral multi-level partnerships working collaboratively to address HIV/AIDS issues in vulnerable populations; Community-based resources and capacity to respond to HIV/AIDS issues and needs of off-reserve Aboriginal people and other vulnerable populations.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities.
Indicators	Number of multi-level collaborative HIV prevention initiatives undertaken; Number and variety of programs developed for off-reserve Aboriginal people.	Participants (by affiliation) in national, regional and local HIV/AIDS multi-sectoral initiatives; Number of partnerships in community-based initiatives; Membership/participation on committees/working groups/programs developed for off-reserve Aboriginal people.	Number of co-funded initiatives (by vulnerable population); amount of leverage and pooling of funding; People living with HIV/AIDS involved in governance of national regional and community-based HIV/AID organizations.	Decline in number of new infections in target populations.
Data sources	ACAP project inventory; Program and project files.	Program and project files; E-mail records.	Minutes of meetings; ACAP Program and project files; Feedback from target populations.	Research reports; Evaluation reports.

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Develop strategies and action plans to address barriers to HIV prevention and harmonize/integrate programming.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
1. Develop strategic directions and national action plans for certain populations and issues related to HIV/AIDS.	Workplan and schedule for collaboration with partners in other federal, provincial/territorial and non-governmental organizations, professionals, private sector and the HIV/AIDS community; Document on strategic directions, priorities, action plan and key activities;	Partners in Health Canada, other federal agencies, provincial/ territorial governments, national NGOs, health and social services professionals; Policy developers in federal, provincial, territorial and municipal governments, HIV/AIDS community.	Increased focus and integration of national education and prevention activities; More effective collaboration and use of resources for HIV education and prevention; Policies and programs consistent with legal and ethical research directions.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Frameworks outlining approach, key participants, roles, milestones, and approvals for development of strategy and action plans; Draft report for approval; Reports produced.	Distribution lists (requests for input; discussion drafts).	Documented prevention priorities for vulnerable populations.	Decline in number of new infections in target populations.
Data sources	Program files, Minutes of meetings.	Program files; E-mail records.	Minutes of meetings; Published national action plans on HIV prevention issues and vulnerable populations; Program files and published reports; Feedback from users.	Research reports; Evaluation reports.

I concur

DEC 1 8 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Develop strategies and action plans to address barriers to HIV prevention and harmonize/integrate programming.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
2. Develop an HIV prevention research agenda and priorities.	Description of process, participants, roles and schedule to develop research agenda; Workplan outlining 2 to 3 years of HIV priority research.	Health, humanities, economics and social science researchers; Community-based organizations.	Clear direction for research into priority HIV prevention issues; Research funding focused on vulnerable populations and priority issues.	Prevent spread of HIV; Minimize adverse impacts of HIV/AIDS on individuals and communities; Minimize impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Terms of reference/project memorandum; Workplan and schedule.	Mailing/distribution lists.	Public research agenda document; Alignment of research effort with prevention priorities.	Decline in number of new infections in target populations.
Data sources	Program files.	Program files; NHRDP/MRC files; Professional research association membership lists.	Program records (proposals submitted/ funded); Research reports.	Research reports; Evaluation reports.

I concur

DEC 18 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Prevention and Community Action Programs)

COMPONENT OBJECTIVE: Develop strategies and action plans to address barriers to HIV prevention and harmonize/integrate programming.

	Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
	3. Develop action plans and strategies, and implement the legal and ethical agenda regarding HIV/AIDS.	Legal and ethical directional papers; Workplan and schedule to implement legal and ethical initiatives.	Partners and health and social services policy developers in federal, provincial, territorial and municipal governments, legal community, HIV/AIDS community; Human rights advocates.	Increased focus and integration of national activities; Policies and programs consistent with legal and ethical research directions.	Minimize adverse impacts of HIV/AIDS on individuals and communities.
Indicators		Approved objectives, priorities and implementation plan for legal and ethical initiatives; Legal and ethical research undertaken; Reports produced.	Distribution lists (requests for input; dissemination of discussion drafts); Membership/participation on committees and working groups.	Legal and ethical research documents and policies.	Reduction in incidents of infringements on legal and ethical matters; Feedback from partners.
Data sources		Program files; Minutes of meetings.	Program files; E-mail records.	Minutes of meetings; Published documents on legal and ethical research; Program files.	Field reports; Media reports; Evaluation reports.

I concur

DEC 16 1998

Care, Treatment and Support Programs

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Care, Treatment and Support Program)

COMPONENT OBJECTIVE: Appropriate and effective care, treatment and support are available to all people affected by HIV and AIDS living in Canada.

	Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
	Collaborate with intergovernmental and inter-sectoral partners to identify needs for enhancing and strengthening care, treatment and support to people affected by HIV/AIDS living in Canada.	Documents identifying: gaps &/or issues in care, treatment and support, care-giver resources and capabilities, and emerging needs as the epidemic evolves; Priorities, strategies, and action plans to improve capacity and responsiveness.	Partners in federal/provincial/ territorial governments; Aboriginal organizations; NGOs, Professional associations; Community-based ASOs, professional and other caregivers; persons affected by HIV and AIDS.	Focused and coordinated development of enhanced national capacity to respond to the care, treatment and support needs of all Canadian affected by HIV and AIDS.	Facilate access to care, treatment and support for people living with HIV and AIDS in Canada, their families, friends and caregivers
Indicators		Reviews/inventories of services available and populations requiring care, treatment and support; Trends in the evolution of the epidemic; Needs assessments; Recommendations to decision-makers.	Participation in meetings and workshops; Mailing/distribution lists; Invitations for input; Requests for services/information & technical expertise; Directories of HIV/AIDS service providers; Correspondence.	National strategies, priorities and action plans to strengthen the care, treatment and support capacity and enhance programs to all populations affected by HIV/AIDS; Joint projects.	Evaluation findings; Correspondence and presentations from community and caregivers. Increased linkages between stakeholders and multi-sectoral, multi-disciplinary collaboration.
Data sources		Directories of services provided; Reports on service use; Minutes of meetings; Program files; Reports of evaluations and special studies/reviews; Presentations by HIV/AIDS community and caregivers to governments; Briefing notes and memoranda to senior managers/Ministers; Media coverage.	Program files; Minutes of meetings; E-mail records.	Minutes of meetings; Annual reports of working group and committees; Annual work plans.	Reports; Program files; Media.

I concur

DEC 18 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Care, Treatment and Support Program)

COMPONENT OBJECTIVE: Appropriate and effective care, treatment and support are available to all people affected by HIV and AIDS living in Canada.

	Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
	Support collaborative development, implementation and evaluation of pilot studies and interdisciplinary models for delivery of care, treatment and support to Canadian affected by HIV/AIDS and their care givers.	Proposals/frameworks describing objectives and participation, responsibilities, and contributions toward projects; Approved workplans/specifications for pilot projects and model development; Projects jointly funded and implemented; Evaluation results.	Partners in federal/provincial/ territorial governments; Aboriginal organizations; NGOs, Professional associations; Community-based ASOs, professional and other caregivers; persons affected by HIV and AIDS.	More responsive and effective [interdisciplinary] care, treatment and support approaches and delivery models: less duplication of development effort; More effective use/leveraging of resources.	Faciliate access to care, treatment and support for people living with HIV and AIDS in Canada, their families, friends and caregivers; Minimized adverse impact of HIV/AIDS on individuals and communities.
Indicators		Memoranda of understanding; Terms of reference; Partnership agreements/arrangements; Steering committees established; evaluations undertaken.	Attendance at meetings/briefings; Participation in joint-projects; Co-funding of pilot projects and model development activities; Membership of steering and advisory bodies; Distribution of progress reports and documents.	Reduction in program & service gaps; Increased/more widespread use of proven approaches and models by care givers; Positive feedback from partners and persons affected by HIV and AIDS. Sustainability & transferability of models.	Evaluation findings; Correspondence and presentations from community and caregivers; Increased length and quality of life of HIV-infected persons. Increased information & data collection. Increased linkages between stakeholders. Increased multi-disciplinary & multi-sectoral collaboration.
Data sources		Inventories of projects; Program and project files; Financial records.	Attendance lists; Program files; Participant lists; Financial records; Distribution/mailing lists; E-mail records.	Evaluation reports; Periodic inventories of services; Program files; Minutes of Meetings.	Evaluation reports; Program files; Epidemiological and Research reports; Media.

I concur

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Care, Treatment and Support Program)

COMPONENT OBJECTIVE: Appropriate and effective care, treatment and support are available to all people affected by HIV and AIDS living in Canada.

	Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
	Support collaborative development of appropriate care, treatment and support resources and training programs for professionals and others providing care to people affected by HIV/AIDS living in Canada.	Review available resources of HIV/AIDS epidemiological data/ trends to identify gaps & emerging needs for development of new programs, services, resources & training programs; Action plans outlining strategies, priorities & activities for development of new training programs, services and resources, and the roles and contributions of partners and stakeholders; Training programs, services and resources developed.	Partners in federal/provincial/ territorial governments; Aboriginal organizations; NGOs, Professional associations; Community-based ASOs; Professional and other caregivers; Persons affected by HIV and AIDS.	Enhanced capacity of professionals and others to deliver care, treatment and support; More responsive care, treatment and support delivered to all people with HIV and AIDS; More effective use of development resources. Increased capacity for skills building & knowledge-based resources.	Facilitate access care, treatment and support for people living with HIV and AIDS in Canada, their families, friends and caregivers; Minimized adverse impact of HIV/AIDS on individuals and communities.
Indicators		Reports and briefings on barriers & gaps in care, treatment and support programs, services, resources and training, and emerging needs; Approved of action plans, strategies, priorities and participation in joint projects; Co-funded projects, initiatives and activities; Distribution of resources and training programs/materials.	Attendance at meetings (eg. Inter-departmental, intergovernmental, intersectoral & community); Participation in projects; Requests for materials/training; Distribution of progress and final reports.	Better trained care-givers; More trained caregivers in vuln. pop's (eg Ab. IDUs); More effective resources available to care-givers; Satisfactory feedback from care-givers and persons with HIV and AIDS; Increased length of life of HIV infected persons; Progression of disease slowed and severity of symptoms reduced; Participation of vulnerable pop's in programs; Coord. & harmonization of dev'pmnt efforts (less duplication/more leverage of resources).	Evaluation findings; Correspondence and presentations from community, professional and caregivers; Increased length and quality of life of HIV-infected persons.
Data sources		Program files; Briefing notes; Distribution/mailing lists; E-mail records.	Minutes of meetings; Program files; E-mail records; Distribution/ mailing lists. Provision of expertise & technical reports.	Program and provincial files; Evaluation reports; Correspondence and field reports; Epidemiological and research reports; Feedback from persons infected with HIV; Financial and annual reports.	Evaluation reports; Program files; Epidemiological and research reports. Increased information & data. Increased linkages between stakeholders.

I concur

DEC 18 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Care, Treatment and Support Program)

COMPONENT OBJECTIVE: Current information on HIV/AIDS care, treatment and support is accessible to all people living in Canada.

	Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
	Collect, synthesize, and disseminate information on: care, treatment and support programs, services & resources; service models; emerging issues; pilot studies and evaluation findings; best practices; and effective service delivery approaches and methods.	Current inventories/catalogues of resources available to care givers; Annotated summaries of approaches, models and practices; Best practice models; Treatment/care guidelines; Information sessions/workshops/ symposia.	Partners in federal/provincial/territorial governments; Aboriginal organizations; NGOs, Professional associations; Community-based ASOs; Professional and other caregivers; Persons affected by HIV/AIDS.	Better informed care-givers; More appropriate resources used by care-givers; Satisfactory feedback from care-givers and persons with HIV and AIDS; More effective care, treatment and support provided (life expectancy increased, onset of AIDS delayed); More harmonization of service delivery.	Facilitate access to care, treatment and support programs, services, resources & training for people living with HIV and AIDS in Canada, their families, friends and caregivers; Minimized adverse impact of HIV/AIDS on individuals and communities.
Indicators		Published/disseminated documents; Distribution lists; Announcements.	Requests for materials/documents; Distribution of documents and reports; Attendance at meetings; Participation in briefings and workshops.	Correspondence and field reports; Evaluation reports; Epidemiological and research reports; Financial and annual reports.	Evaluation findings; Correspondence and presentations from community and caregivers; Increased length and quality of life of HIV-infected persons.
Data sources		Programs files; Printing and mailing records; E-mail records.	Program files; E-mail records; Distribution/mailing lists; Invitation lists; Attendance records at briefings/workshops.	Program and provincial files; Evaluation reports; Correspondence and field reports; Epidemiological and research reports; Feedback from persons infected with HIV; Financial and annual reports.	Evaluation reports; Program files; Epidemiological and research reports; Media.

I concur

DEC 18 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Care, Treatment and Support Program)

COMPONENT OBJECTIVE: Current information on HIV/AIDS care, treatment and support is accessible to all people living in Canada.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
Support the National HIV/AIDS Treatment Information Network;	National 1-800 bilingual phone service; Web site; Programs, services, resources, training, education and publications on allopathic treatment & complimentary therapies; Targeted treatment campaigns; Resources and information for health professionals	Persons affected by HIV and AIDS; Professional and other care-givers; Canadian public; International users.	Timely and wide dissemination of state-of-the art information on HIV/AIDS allopathic treatment & complementary therapies information & resources; Better informed population affected by HIV and AIDS, professional, family and other care-givers, and public; Privacy and anonymity of users is respected; Improved quality of care; Better quality of life of PHAs.	Facilitate access to care, treatment and support programs, services resources & training for people living with HIV and AIDS in Canada, their families, friends and caregivers; Prevent the spread of HIV re-infection through information, training and education & minimize the impact of HIV and on individuals and communities.
Indicators	Announcements of programs, services, resrouces available; Workshops and presentations; Operations reports; Use statistics; Web-site hits.	Volume of enquiries; Requests for information; Training sessions requested/provided.	Results of evaluation of services; Use statistics; User feedback; Increase in user volume.	Evaluation findings; Correspondence and presentations from community and caregivers; Epidemiological trends; Extended life expectancy of persons with AIDS; Progression of disease slowed and severity of symptoms reduced. Increased information & data, linkages between stakeholders; increased information output on allopathic & complimentary therapy treatments.
Data sources	CATIE files and reports; CPHA Clearinghouse data base; web-site and telephone records.	CATIE files and reports, Program records.	CATIE files and reports; Evaluation reports; Informal comments.	Evaluation Reports; Program files; Feedback from community and caregivers; Epidemiological reports; Research reports; Professional Journals; Media.

I concur

DEC 1 8 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Care, Treatment and Support Program)

COMPONENT OBJECTIVE: Increased access to care, treatment and support for people affected by HIV/AIDS living in Canada.

Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
Develop partnerships to identify barriers, develop strategies and action plans, and implement initiatives, programs to reduce discrimination and strengthen the legal, ethical and human rights of those affected with HIV.	Collaborative multi-sectoral initiatives to develop strategic directions, recommendations and national action plans in the areas of health determinants and legal, ethical and human rights issues in care treatment and support;	Partners in government; professional organizations in legal, ethical and human rights sectors; Community-based ASOs; Broad-based coalitions of community organizations, academic institutions, Aboriginal peoples, ethnocultural and women's organizations, legal & health service providers.	Elimination of discrimination against persons with HIV/AIDS. Strengthened care, treatment and support at the community health care & legal system level; Greater access to integrated services for all populations.	Legal & human rights protection for PHAs, affected communities & marginalized groups; increaseed access to care, treatment & support by affected community & marginalized groups. Minimize the impact of HIV and on individuals and communities; Minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators	Working group and advisory bodies established; Recommended directions, priorities, action plans and strategies; Projects undertaken and evaluated; Reports and resource guidelines produced.	Breadth and diversity of participants; Equality of participation.	Announce & deciminate resources of legal & ethical, ethical and human rights issues related to care, treatment & support. Evaluation findings; increased inforamtion on legal, ethical and human rights issues in care, treatment & support.	Increased linkages between stakeholders; Increased multi-sectoral collaboration.
Data sources	Program files; Project reports; Briefing notes.	Distribution/participant lists; Program and project files.	Field records; Program and project files; Media reports.	Program files; Feedback from community and caregivers; Consultation reports; Professional journals; Evaluation Reports.

I concur

HIV/AIDS Investigator Initiated Extramural Research (MRC)

DEPARTMENT/AGENCY: Medical Research Council of Canada (MRC)[1,2]

Goal: A Canadian research capacity that contributes optimally to the world effort to prevent and treat HIV/AIDS and facilitates absorption of world knowledge for the benefit of Canadians.

Activities	Outputs	Reach	Outcomes	Key Results
- Promoting availability of research funds - Selecting highest quality proposals by peer review - Advising on research issues	- Research grants - Research personnel awards - Advice on research issues	- HIV/AIDS research community - Decision makers - Community / non-governmental organization partners	- New knowledge about HIV/AIDS. - New preventive measures, drugs, and treatments - Increased research capacity - Increased international linkages - Informed policy decisions	- Progress towards finding and providing effective preventive measures (including vaccines), drugs and therapies (including a cure)
Indicators	- Number of grants and awards - Number of instances of significant policy advice (meetings, option papers, etc.)	- Number and diversity of applicants and funded researchers - Number and diversity of partnerships	- Research papers announcing results - Conferences, workshops - Trainees and other research personnel - International contacts and collaborators - Feedback from a sample of recipients of advice	- Adoption of effective preventive measures, drugs and therapies - Knowledge generation and dissemination
Data sources	- MRC databases	- MRC databases	- Survey (brief) sent to a sample of researchers requesting data relevant to their HIV/AIDS funding - MRC records	- Case study

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[1] As a partner in the NHRDP/MRC HIV/AIDS Extramural Research Program, MRC is responsible primarily for research in the biomedical and clinical areas.
[2] MRC will be reporting on all of its HIV/AIDS activities through this CSHA Reporting Framework; these activities are funded through a pooled envelope consisting of funds from the CSHA allocation and MRC's base budget.

I concur

Mark A. Bisby, M.A., D. Phil.
Director, Programs Branch

DEC 1 8 1998

DEPARTMENT: Health Canada, National Health Research and Development Program (NHRDP)

GOAL: The goal of the CSHA Extramural Research Program is to enhance the science, policy and program contribution by HIV/AIDS researchers (Aboriginal Research Program, Community-Based Program, CTN, MRC/NHRDP Collaboration).

•Activities	Outputs	Reach	Outcomes	Key Results *
• Operate peer review • Promote research partnerships	• projects supported • workshops supported • training fellowships • career awards	• academic researchers • decision makers • community/non-governmental organization partners • policy analysts	• evidence • organizational infrastructure • information networks • policy linkages	• scientific excellence • innovation in the health system • research capacity
Indicators	• number of awards funded • number of partnerships	• number and diversity of applicants and funded researchers • number and diversity of partnerships	• publication productivity • cadre of researchers • policy integration	• knowledge and policy uptake • knowledge workers • multidisciplinarity
Data sources	• NHRDP and G & C Databases	• NHRDP and G & C Databases	• NHRDP and G & C Databases	• NHRDP and G & C Databases

I concur Kimberly Elmslie 20/11/98
Kimberly Elmslie
A/Director
Research and Knowledge Development Division

* The Extramural Research Program supports the goals of the CSHA by improving capacity for informed decision-making and bridging the gap between research and policy.

Surveillance & Laboratory Science

DEPARTMENT : Health Canada/HPB/LCDC/National Laboratory for HIV Reference Services

GOAL : To ensure the quality and accuracy of HIV laboratory testing

Activities	Outputs	Reach	Outcomes	Strategy Goals / Key Results
- Provide and monitor quality assurance programs for HIV serology, PCR and viral load methodologies - Development and monitoring of new technologies for the detection and monitoring of HIV infection	- HIV/HTLV reference service testing - Advice on technical matters - QA programs - Methods development/transfer	(1) HIV / AIDS provincial health authorities (2) Canadian HIV/ HTLV testing laboratories (3) Canadians in general (4) Bureau of HIV/AIDS / LCDC /HPB	-Improved capacity of NGOs, communities, etc to respond to HIV and AIDS - Improved capacity for testing HIV/HTLV - New knowledge about HIV/AIDS	Ensures quality of treatment, care and support for Canadians living with HIV and AIDS, their families, friends and caregivers
Indicators	- QA testing panels - HIV/HTLV testing results - advice on testing procedures		- Reports on testing performance - Ensured HIV / HTLV testing - Feedback from stakeholder laboratories	Population access to HIV and AIDS prevention and treatment services Improved services to populations at risk
Data sources			- Annual Consensus Meeting	

I concur

NOV 16 1998

DEPARTMENT : Health Canada
SECTION : Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS, STD and TB, LCDC, Health Protection Branch

GOAL : *To enhance the AIDS Case Reporting System and to develop/enhance HIV Surveillance Systems*

Activities	Outputs	Reach	Outcomes	CSHA Goals/ Key Results
1.1 Develop a more user friendly electronic AIDS case surveillance system and database	Electronic database for AIDS case diagnoses. Short form for AIDS case reporting. Report on AIDS incidence and prevalence.	Provincial/Territorial Ministries of Health, Division of HIV/AIDS Surveillance, LCDC, Health Canada, clinicians and provincial laboratories.	Improved use of resources. Coordination, sharing, consultation within federal departments, and with other governments, NGOs, First Nations and local communities.	Prevented the spread of HIV infection in Canada. Improved capacity to respond to HIV and AIDS. Ensured availability of reliable information for decision making.
Indicators	AIDS Case Report Short Form. AIDS Case Report Database. Semi-annual report on HIV/AIDS.	Dissemination of publications to groups mentioned in 'Reach' section above. Meetings held with provincial/territorial Ministries of Health and HIV/AIDS Coordinators.	Availability of resources to address HIV/AIDS. Availability and use of AIDS surveillance system. Use of data source for AIDS studies undertaken by other governments, academic researchers and community groups.	AIDS incidence at the national level. AIDS incidence in at risk populations. Information base that assists the federal government in addressing HIV and AIDS issues. Federal government use of information in development of policies and programs.
Data sources	Data from provincial/territorial HIV/AIDS surveillance, clinicians and sentinel sites.	Division of HIV/AIDS Surveillance, distribution lists and departmental records.	Semi-annual reports & correspondence. Minutes of meetings held with community groups and organizations, provincial/territorial Ministries of Health and HIV/AIDS Coordinators. Proceedings from annual meeting.	Semi-annual report on HIV/AIDS. Review of research agenda on HIV/AIDS related issues. Review of legislation, policies and programs to assess concordance with recent statistics.

I concur _____ NOV 16 1998

DEPARTMENT : Health Canada
SECTION : Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS, STD and TB, LCDC, Health Protection Branch

GOAL : *To enhance the AIDS Case Reporting System and to develop/enhance HIV Surveillance Systems*

Activities	Outputs	Reach	Outcomes	CSHA Goals/ Key Results
1 2 Establish an HIV surveillance system through collaboration with Provincial and Territorial Surveillance Coordinators	Electronic database for positive HIV test reporting. Mechanism for physician-based HIV reporting.	Provincial/Territorial Ministries of Health, Division of HIV/AIDS Surveillance, LCDC, Health Canada, clinicians and provincial laboratories.	Improved use of resources. Coordination, sharing, consultation within federal departments, and with other governments, NGOs, First Nations and local communities.	Prevented the spread of HIV infection in Canada. Improved capacity to respond to HIV and AIDS. Ensured availability of reliable information for decision making.
Indicators	Minimum data set for HIV reporting. National HIV database. Semi-annual report on HIV/AIDS.	Dissemination of publications to groups mentioned in 'Reach' section above. Meetings held with provincial/territorial Ministries of Health and HIV/AIDS Coordinators.	Availability of resources to address HIV/AIDS. Availability and use of HIV surveillance system. Use of data source for AIDS studies undertaken by other governments, academic researchers and community groups.	HIV incidence at the national level. HIV incidence in at risk populations. Information base that assists the federal government in addressing HIV and AIDS issues. Federal government use of information in development of policies and programs.
Data sources	Data from provincial/territorial HIV/AIDS surveillance, clinicians and sentinel sites.	Division of HIV/AIDS Surveillance, distribution lists and departmental records.	Semi-annual reports & correspondence. Minutes of meetings held with community groups and organizations, provincial/territorial Ministries of Health and HIV/AIDS Coordinators. Proceedings from annual meeting.	Semi-annual report on HIV/AIDS. Review of research agenda on HIV/AIDS related issues. Review of legislation, policies and programs to assess concordance with recent statistics.

I concur _____ NOV 16 1998

DEPARTMENT : Health Canada
SECTION : Division of HIV/AIDS Surveillance, Bureau of HIV/AIDS, STD and TB, LCDC, Health Protection Branch

GOAL : *To adopt an integratated approach to HIV and AIDS surveillance*

Activities	Outputs	Reach	Outcomes	CSHA Goals/ Key Results
2.1 Using a province-by-province approach, combine HIV and AIDS surveillance through HIV/AIDS electronic database integration	Electronic database for integrated HIV/AIDS surveillance.	Provincial/Territorial Ministries of Health, Division of HIV/AIDS Surveillance, LCDC, Health Canada, clinicians and provincial laboratories.	Improved use of resources. Coordination, sharing, consultation within federal departments, and with other governments, NGOs, First Nations and local communities. Province and territory specific HIV/AIDS data.	Prevented the spread of HIV infection in Canada. Improved capacity to respond to HIV and AIDS. Ensured availability of reliable information for decision making.
Indicators	Electronic HIV/AIDS case report form. Online version of integrated HIV/AIDS database in each province and territory. Semi-annual report on HIV/AIDS.	Dissemination of publications to groups mentioned in 'Reach' section above. Meetings held with provincial/territorial Ministries of Health and HIV/AIDS Coordinators.	Streamline reporting of HIV and AIDS. Increased sharing of HIV/AIDS surveillance data among the federal government and provincial/territorial Ministries of Health. Line listed provincial and territorial data on HIV/AIDS	Reduced HIV/AIDS incidence at the national level & in at risk populations. Information base that assists the federal government in addressing HIV and AIDS issues. Federal government use of information in development of policies and programs. More timely and higherer quality HIV/AIDS data.
Data sources	Data from provincial/territorial HIV/AIDS surveillance, clinicians and sentinel sites.	Division of HIV/AIDS Surveillance, distribution lists and departmental records. Report on the implementation of the integrated HIV/AIDS surveillance system.	Semi-annual reports & correspondence. Minutes of meetings held with community groups and organizations, provincial/territorial Ministries of Health and HIV/AIDS Coordinators. Proceedings from annual meeting.	Semi-annual report on HIV/AIDS. Report on the implementation of the integrated HIV/AIDS surveillance system.

I concur _____ NOV 16 1998

DEPARTMENT: Health Canada (Canadian Strategy on HIV/AIDS)
SECTION: Division of HIV Epidemiology, Bureau of HIV/AIDS, STD and TB, LCDC, Health Protection Branch

GOAL : *To prevent the spread of HIV.*

Activities	Outputs	Reach	Outcomes	CSHA Goals
1.1 Provide immediate technical and financial assistance for the investigation of outbreaks and clusters of HIV infection at the request of the provinces , Health Canada and other federal departments.	Final report on the outbreak/cluster investigation regarding ways to control outbreaks and clusters of HIV infection. Analysis provided to local health authorities on causes of outbreak/ cluster and recommendations given regarding ways to control the outbreak.	Provincial Ministries of Health, Health Canada, other federal departments, and communities/groups affected by the outbreak or cluster of HIV infection.	Improved capacity of local community and health authorities to respond to HIV/AIDS. Increased knowledge and awareness of HIV/AIDS.	Improved capacity to respond to HIV/AIDS.
Indicators	Production of final report. Departmental records. Minutes of meetings.	Distribution list.	Production and transmission of results of the analysis and recommendations to local health authorities. Recommendations incorporated into action plan.	Reduced HIV incidence at the national level.
Data sources	Departmental records.	Departmental records.	Minutes of meetings held with relevant local authorities. Departmental records or correspondence and reports (i.e. report on outbreak/cluster).	HIV/AIDS surveillance data, targeted epi studies, HIV research studies

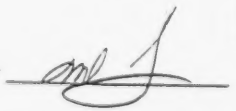
I concur _____ Nov. 4/98

DEPARTMENT: Health Canada (Canadian Strategy on HIV/AIDS)

SECTION: Division of HIV Epidemiology, Bureau of HIV/AIDS, STD and TB, LCDC, Health Protection Branch

GOAL : To prevent the spread of HIV.

Activities	Outputs	Reach	Outcomes	CSHA Goals
1.2 To periodically estimate national HIV prevalence and incidence in Canada using data from the Division's targeted epi studies and from other sources such as academic research studies, provincial government surveys, surveillance systems, etc.	Publish a report on the revised estimate of national HIV prevalence and incidence every 2-4 years. These revised estimates will be compared to previous estimates and interpretation of trends in epidemic will be provided to groups mentioned in "Reach" section to guide and evaluate HIV prevention policies and programs.	Provincial Ministries of Health, Health Canada, other federal departments, academic researchers, community groups, and the general public.	Improved capacity of governments, communities and NGOs to respond to HIV/AIDS.	Prevent the spread of HIV in Canada.
Indicators	Production of report.	Distribution of information to partners. Meetings held to distribute this information and discuss this topic.	Increased use of resources to address HIV/AIDS. Level of input of these results into policy.	Reduced HIV incidence at the national level.
Data sources	Data from the Division's targeted epi studies and from other sources such as academic research studies, provincial government surveys, surveillance systems, etc.	Distribution lists and records.	Minutes of meetings held with relevant groups/organizations and Departmental records or reports and correspondence. Data on use of resources and level of input into policy.	HIV/AIDS surveillance data, targeted epi studies, HIV research studies

I concur  Nov. 4/98

DEPARTMENT:	Health Canada (Canadian Strategy on HIV/AIDS)
SECTION:	Division of HIV Epidemiology, Bureau of HIV/AIDS, STD and TB, LCDC, Health Protection Branch

GOAL : To prevent the spread of HIV.

Activities	Outputs	Reach	Outcomes	CSHA Goals
1.3 To assess the extent of TB/HIV coinfection in Canada and its impact on the health of Canadians, particularly with respect to the potential for a resurgence of TB.	1. An estimate of the proportion of AIDS cases that also have TB disease. 2. An estimate of the proportion of HIV-infected individuals who have TB disease or TB infection. 3. An estimate of the propotion of TB cases that are aware of their HIV status.	Provincial Ministries of Health, Health Canada, academic researchers, TB-treating physicians. (Or is it the actual subjects of the studies?)	Increased awareness and knowledge of HIV and AIDS, and of the extent of TB/HIV co-infection. Improved capacity to respond to HIV/AIDS.	Improved capacity to respond to HIV/AIDS.
Indicators	Final report. Departmental records. Minutes of meetings.	Distribution correspondence.	Increased use of resources to address TB/HIV coinfection. Level of input of these results into policy.	Reduced HIV and TB incidence at the national level.
Data sources	Data from AIDS surveillance and from TB surveillance, targeted epi studies, academic research studies, TB-treating physicians.	Departmental lists and records. Distribution lists.	Minutes of meetings held with relevant groups/organizations and Departmental records or correspondence and reports.	HIV/AIDS and TB surveillance data, targeted epi studies, HIV and TB research studies

I concur _____ Nov. 4/98

DEPARTMENT:	Health Canada (Canadian Strategy on HIV/AIDS)
SECTION:	Division of HIV Epidemiology, Bureau of HIV/AIDS, STD and TB, LCDC, Health Protection Branch

GOAL : To prevent the spread of HIV.

Activities	Outputs	Reach	Outcomes	CSHA Goals
1.4 To update the already-published guidelines for the management of occupational HIVexposure and to contribute to the development of recommendations for the use of post-exposure HIV prophylaxis in non-occupational settings.	Updated occupational guidelines and the contribution of epidemiologic data and risk assesment information to the development of non-occupational guidelines.	Provincial Ministries of Health, Health Canada, other federal departments, health care workers, general public.	Sharing of knowledge with other federal departments, provincial ministries of health, community groups, and international partners.	Prevent the spread of HIV in Canada.
Indicators	Production of revised occupational guidelines and contribution to non-occupational guidelines. Departmental records. Minutes of meetings.	Dissemination of guidelines. Meetings to develop or discuss these guidelines.	Record of contribution to and dissemination and presentation of guidelines at various meetings. Use of guidelines.	Reduced HIV incidence at the national level.
Data sources	Data from published literature and meetings held to discuss guidelines.	Distribution lists for guidelines. Records and minutes of meetings.	Minutes of meetings held with relevant groups/organizations and Departmental records or correspondence and reports. Survey of use of guidelines.	HIV/AIDS surveillance data, targeted epi studies, HIV research studies

I concur _____ Nov. 25/98

DEPARTMENT:	Health Canada (Canadian Strategy on HIV/AIDS)
SECTION:	Division of HIV Epidemiology, Bureau of HIV/AIDS, STD and TB, LCDC, Health Protection Branch

GOAL : To prevent the spread of HIV.

Activities	Outputs	Reach	Outcomes	CSHA Goals
1.5 To collect and synthesize information on HIV epidemiology at the national level, and to disseminate this information.	Publish a regular series of HIV/AIDS Epi Updates.	Provincial Ministries of Health, Health Canada, other federal departments, academic researchers, community groups, and the general public.	Increased awareness and knowledge at the national level regarding HIV epidemiology and trends in HIV/AIDS in Canada.	Improved capacity to respond to HIV/AIDS.
Indicators	Production of Epi Update series.	Dissemination of Epi Updates to groups mentioned in "Reach" section.	Use of Epi Updates and the information they contain.	Reduced HIV incidence at the national level.
Data sources	Data from the Division's targeted epi studies and from other sources such as academic research studies, provincial government surveys, surveillance systems, etc.	Distribution lists, Departmental records.	Survey of potential users of Epi Update information.	HIV/AIDS surveillance data, targeted epi studies, HIV research studies

I concur _____ Nov. 4/98

DEPARTMENT : Health Canada
SECTION : Department: Health Canada/HPB/LCDC/National Laboratory For HIV Analytical Cytology

GOAL : *Ensure the integrity of T-cell subset enumeration of the Canadian Clinical Trial Network for HIV therapies*

Activities	Outputs	Reach	Outcomes	CSHA Goals/ Key Results
- Provide Quality Assurance Programme for CD4 T-cell enumeration - Evaluate, adapt and develop new technologies - Participate on international immune-surveillance projects focusing on the development of new immunoassays and diagnostic protocols	- National & International Quality Assurance Programme for CD4 - Evaluate enhanced in vitro diagnostics systems along with conventional technologies - Biotechnology transfer	- Canadian Clinical Trial Network - Patient management with HIV - Provincial laboratories reference center - Bureau of HIV/AIDS, STD & TB - NIH/ACTG, CDC - UNAIDS/CIDA/CAREC/PAHO/ WHO	- Improve the quality of CD4+ T-cell enumeration for Canadian immunophenotyping laboratories to support HIV therapies across Canada - Maintain collaboration with national laboratories, academic institutions, international agencies and the private sector - Maintain an active role in biotechnological development Efficient implementation of laboratory based technology	- Ensure quality of care and enhance opportunities for the Canadian clinicians to attract new clinical trials - Maintain important Canadian public health network function - Increase clinical science based and expertise in Canada - Provide expertise in a priority area within Health Canada AIDS initiative - Provide vigilance over the HIV epidemic
Indicators	- Distribution of Quality Assurance specimens across Canada - Annual Consensus meeting - Canadian guidelines for CD4 - Distribution of specimens for QASI international standardization Programme - Accredited laboratory (NIH/ACTG, Australian QAP, UK NEQES, Ontario LPTP) - Reference service		- Laboratory performance report - International workshop for HIV (QASI) - Medical school curriculum for data interpretation in Eastern Europe and India - Training Ottawa U. medical students - Reduction of inter-laboratory variation (results published in Cytometry)	- Unique national and international reference service - Support national and international epidemiological studies - Provide effective treatment to HIV infected Canadians - Provide technical and reference services in Canada to clinical immunologists

Data Source

NOV 1 6 1998

I concur

DEPARTMENT : Health Canada, HPB, LCDC, Bureau of HIV/AIDS, STD and TB.
SECTION : National Laboratory for HIV Pathogenesis

GOAL : *To examine viral and immune markers of progression to AIDS*

Activities	Outputs	Reach	Outcomes	CSHA Goals/ Key Results
1. -use SIV/macaque model to look for early and late markers of progression to AIDS. 2. -develop new viral and immune based diagnostic assays to determine the status of infected individuals at various stages of infection with an AIDS virus.	1. validation of preliminary observations of differing immune markers and indivual disease status. 2. Develop new ultrasensitive viral load assay. 3. Evaluation of new cytokine assays to evaluate immune status.	1. -International/national AIDS Pathogenesis investigators. 2. -vaccine and pharmceutical industry. 3. -HIV/AIDS diagnostic industry 4. -AIDS patient monitoring. 5. International/national academic community.	1. Improved capacity to evaluate virological and immune status of HIV infected individuals. 2. New diagnostic tests. 3. Improved understanding of AIDS pathogenesis.	1. Provide better methods to evaluate the efficacy of treatements to prevent progression to AIDS. 2. Provide better markers of vaccine efficacy for preventive AIDS vaccines.
Indicators	1. 6 month progress reports on assay development. 2. Conference presentations, 3. publications	1. continued national/international collaborations. 2. New assay validation and publication.	1. Development of new virological and immunological assays. 2. Explore SIV/macaque model to better understand AIDS pathogenesis.	1. Exploration and validation of new methods of evaluating the viral and immune status of HIV infected individuals.
Data sources				

I concur _____ NOV 1 6 1999

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First Nations and Inuit Program

DEPARTMENT: Health Canada, (Medical Services Branch)

COMPONENT: PREVENTION

GOAL : To develop initiatives to control and prevent the spread of HIV infection to First Nations and Inuit population; To reduce the health, social and economic impacts of AIDS for on-reserve people; To encourage and support the active involvement of on-reserve communities in community-based AIDS programming; To provide timely and comprehensive national education and prevention programs; To increase the knowledge base of the epidemiology of the HIV/AIDS epidemic in First Nations and Inuit communities; To ensure that appropriate skills exist at the community level to provide prevention programs and care/treatment services and that the capacity is developed within First Nations and Inuit communities and organizations.

	Activities	Outputs	Reach	Outcomes	CSHA Goals
	-to provide funding to First Nations and Inuit communities to increase HIV/AIDS awareness and prevent HIV infection	- community-based education programs - Training Manuals and Resource Kits - relevant HIV/AIDS materials - Workshops	- First Nations and Inuit	- increased awareness, knowledge and capacity built in FN &I - increased awareness and knowledge amongst FN &I people engaged in high risk behaviour regarding HIV/AIDS	- To prevent the spread of HIV - To minimise the adverse impact of HIV/AIDS on individuals and communities; - To minimize the impact of social, economic and environmental factors that increase individual and collective risk for HIV.
Indicators		- steering committee participation - focus group results - community feedback	- quantitative description of number of people participating in projects; no. of products distributed; no.of communities involved, etc. - adoption of products by target groups	- adoption of products - mobilization of community resources - level of awareness re HIV/AIDS - understanding re HIV/AIDS	-public support for prevention response efforts - public willingness to discuss HIV/AIDS
Data sources		- scientific literature on HIV/AIDS - previously published reports and documents - any new reports or documents	- questionnaires and surveys	- questionnaires and surveys	- questionnaires and surveys

I concur

DEC 1 8 1998

DEPARTMENT: Health Canada, (Medical Services Branch)

COMPONENT: COMMUNITY DEVELOPMENT

GOAL : To encourage and support the active involvement of on-reserve communities in community-based AIDS programming; To increase the knowledge base of the epidemiology of the HIV/AIDS epidemic in First Nations and Inuit communities; To ensure that appropriate skills exist at the community level to provide prevention programs and care/treatment services and that the capacity is developed within First Nations and Inuit communities and organizations to address HIV/AIDS.

	Activities	Outputs	Reach	Outcomes	CSHA Goals
	- to provide funding to First Nations and Inuit communities to increase HIV/AIDS awareness - to provide relevant training opportunities in order to develop capacity within First Nations and Inuit to address HIV/AIDS	- Training Manuals and Resource Kits - Workshops	- First Nations and Inuit	- increased awareness and knowledge in FN &I - increased awareness and knowledge amongst target groups in particular regarding HIV/AIDS and related issues - increase in skills amongst FN & I	- To prevent the spread of HIV - To minimise the adverse impact of HIV/AIDS on individuals and communities; - To minimize the impact of social, economic and environmental factors that increase individual and collective risk for HIV.
Indicators		- steering committee (First Nations & Inuit) participation - community feedback on materials produced and workshops	- description # of communities and people participating; # of info packages distributed; - adoption of products by target groups	- adoption of products - mobilization of community resources - level of awareness re HIV/AIDS - understanding re HIV/AIDS	-public support for community development efforts - public willingness to discuss HIV/AIDS
Data sources		- scientific literature on HIV/AIDS - previously published reports and documents - any new reports or documents	- questionnaires and surveys	- questionnaires and surveys	- questionnaires and surveys

I concur

DEC 1 3 1993

DEPARTMENT: Health Canada, (Medical Services Branch)

COMPONENT: CARE, TREATMENT AND SUPPORT

GOAL : To ensure that appropriate skills exist at the community level to provide prevention programs and care/treatment services and that the capacity is developed within First Nations and Inuit communities and organizations to address HIV/AIDS; To encourage and support the active involvement of on-reserve communities in community-based AIDS programming; To provide timely and comprehensive national education and prevention programs; To ensure that appropriate skills exist at the community level to provide prevention programs and care/treatment services and that the capacity is developed within First Nations and Inuit communities and organizations

	Activities	Outputs	Reach	Outcomes	CSHA Goals
	- to provide funding to First Nations and Inuit communities - to facilitate the development of material regarding appropriate care, treatment and support for First Nations and Inuit living with HIV/AIDS	- Training Manuals and Resource Kits - Workshops	- Health Professionals serving First Nations and Inuit - First Nations and Inuit people living with HIV/AIDS	- increased awareness, knowledge and capacity built in FN &I CHRs - increased awareness and knowledge amongst Aboriginal people in general and target groups in particular regarding HIV/AIDS and care, treatment and support issues - use of traditional therapies - increase in skills amongst FN & I	- To prevent the spread of HIV - To find and provide effective vaccines, drugs and therapies (traditional) - To ensure treatment, care and support for persons living with HIV/AIDS
Indicators		- number of training manuals and resource kits - attendance at workshops	- # of communities and people participating; # of info packages distributed; - adoption of products by target groups	- adoption of products - mobilization of community resources - level of awareness re HIV/AIDS care, treatment and support - understanding re HIV/AIDS care, treatment and support	-public support for care, treatment and support efforts - public willingness to discuss HIV/AIDS
Data sources		- scientific literature on HIV/AIDS - previously published reports and documents - distribution of manuals - attendance at workshops	- questionnaires and surveys	- questionnaires and surveys	- questionnaires and surveys

I concur

DEC 18 1990

DEPARTMENT: Health Canada, (Medical Services Branch)

COMPONENT: PROGRAM COORDINATION

GOAL : To develop a coordinated approach associated with HIV/AIDS programming for First Nations and Inuit people.

Activities	Outputs	Reach	Outcomes	CSHA Goals
- support HIV/AIDS coordination nationally and regionally and monitor so that duplication does not occur; - participate in the coordination of interbranch and interdepartmental activities with respect to HIV/AIDS in First Nations and Inuit populations; - evaluate program coordination activities - do a report to determine the extent to which jurisdictional barriers exist and formulate mechanisms, approaches or solutions to overcome them	- report on jurisdictional barriers - minutes of Focus Group and other interbranch and interdepartmental meetings	- government structures - First Nations and Inuit - F/P/T	- barriers identified in the report and recommendations made - better response to HIV/AIDS - effectiveness of program coordination activities - advice from MSB HIV/AIDS Focus Group	- To prevent the spread of HIV - To minimise the adverse impact of HIV/AIDS on individuals and communities; - To minimize the impact of social, economic and environmental factors that increase individual and collective risk for HIV;
Indicators	- steering committee participation - feedback from F/P/T and Aboriginal people	- feedback from F/P/T and Aboriginal people	- increased coordination and sharing of resources and services	-public support for program coordination efforts - public willingness to discuss HIV/AIDS
Data sources	- government sources -feedback from F/P/T and Aboriginal people - questionnaires and surveys	- questionnaires and surveys	- questionnaires and surveys	- questionnaires and surveys

I concur

DEC 16 1998.

International Action on HIV/AIDS

DEPARTMENT: International Affairs Directorate, Policy and Consultation Branch, Health Canada

Objective: To strengthen capacity and mechanisms for exchanging information, expertise and research with other countries and international organizations

Activities	Outputs	Reach	Outcomes	CSHA Goals
1) Facilitation of information sharing and collaboration with Canadian NGOs, academic institutions and other interested parties.	Coordinated and collaborative approach to planning and communication with Canadian NGOs and other interested parties: Working Group on International HIV/AIDS Issues Identification of priorities for action. Strengthening relationships between stakeholders and federal departments/agencies. Ad-hoc meetings between NGOs and government officials	Canadian NGOs involved in international activities related to HIV/AIDS. Academic institutions Federal departments and agencies	Enhanced coordination of international activities with Canadian NGOs, academic institutions and others with interest and expertise in HIV/AIDS. Enhanced information sharing between NGOs, academic institutions and federal departments/agencies. Improve use of resources. Enhanced program and activity development by NGOs. Enhanced federal policy development and program initiatives. Involve a broader range of institutions in dealing with HIV/AIDS.	Related to all CSHA goals

Indicators	Number of meetings/working groups. Collaborative mechanisms are established and used to develop common priorities for action.	Participation of NGOs and academic institutions in international HIV/AIDS activities. Participation of federal departments and agencies.	Availability of resources to NGOs and academic institutions for international HIV/AIDS initiatives. Effective and efficient dissemination of information/knowledge to NGOs and academic institutions.	Coordination mechanisms that meet the needs of NGOs, academic institutions and others involved in international activities. Use of information by NGOs in the development of programs and activities. Effective and efficient use of resource by NGOs and federal departments/ agencies.
Data sources	Minutes of meetings Departmental records	Minutes of meetings December 1st Report Departmental records.	Review of information sharing mechanisms between the federal government, NGOs and academic institutions.	Interviews with federal officials, representatives from NGOs and academic institutions on satisfaction with coordination mechanisms and information sharing.

I concur

Dec 13 1998

DEPARTMENT: International Affairs Directorate , Policy and Consultation Branch, Health Canada

Objective : To increase Canadian participation and influence in international activities related to HIV/AIDS

Activities	Outputs	Reach	Outcomes	CSHA Goals
2) Policy development and program activities with UNAIDS, WHO, PAHO, World Bank and other international organizations.	Maintaining relationships with international organizations. Representing the Government of Canada at policy and scientific meetings, such as the UNAIDS Programme Coordinating Board (PCB). Participation of Health Canada branch managers, other departments/agencies and key stakeholders in the development of Canadian position on issues. Promoting Canadians expertise/knowledge to international organizations and other countries.	Joint United Programme on HIV/AIDS (UNAIDS). World Health Organization (WHO) Pan American Health Organization (PAHO) World Bank and other organizations Key stakeholders Departmental program managers and other federal departments/agencies.	Increased use of Canadian expertise in the delivery of international programs/initiatives. Enhanced information sharing between international organizations and the Government of Canada and Canadian NGOs. Enhanced coordination of the Government of Canada initiatives/activities with international organizations.	Related to all CSHA goals.

Indicators	Number of meetings Priorities and programs are adjusted in response to emerging issues.	Increased level of awareness of Canadian expertise/knowledge by international organizations. Participation of federal departments/ agencies and NGOs.	Effective and efficient dissemination of information/ knowledge to and from international organizations. Availability of resources for HIV/AIDS by international organizations. Number of Canadians involved in international HIV/AIDS projects/activities.	Use of information by federal departments/agencies, NGOs and by international organizations in the development of programs and activities.
Data sources	Conference/meeting reports Minutes of meetings Statements	Minutes of meetings Departmental records	Review of relationships between the federal government, NGOs and international organizations	Interviews with federal officials, representatives from international organizations on satisfaction with information sharing and Canadian expertise/knowledge

I concur _____

DEC 1 8 1998

DEPARTMENT: International Affairs Directorate, Policy and Consultation Branch, Health Canada

Objective : To enhance the capacity of the Canadian voluntary sector to contribute to Canada's international work

Activities	Outputs	Reach	Outcomes	CSHA Goals
4) Facilitation of capacity building within Canadian NGOs who are interested in contributing to Canada's international HIV/AIDS work.	Strengthening the technical capacity, such as skills and knowledge of Canadian NGOs (e.g., AIDS service organizations, development) : skills building workshops; twinning projects Action plan to increase public and private sector awareness of the importance of Canada's international contribution, including the voluntary sector.	Canadian NGOs involved in international activities and those who are interested in contributing to the global epidemic. Departmental program managers. Academic institutions. Federal departments and agencies Canadian public	Enhanced technical capacity of community-based organizations. Enhanced awareness of the public and private sector of the role of the voluntary sector in international HIV/AIDS work. Improve use of resources. Enhanced opportunities for Canadian community-based organizations.	Related to all CSHA goals.
Indicators	Number of briefings/meetings/ committees. Collaborative mechanisms are established and used to built capacity within Canadian NGOs. An information base that assists federal governments/agencies in building capacity within Canadian NGOs.	Participation of program managers. Participation of federal departments/ agencies. Participation of NGOs. Increased level of awareness among stakeholders. Increased level of awareness among the Canadian public.	Effective and efficient dissemination of information/knowledge to NGOs, federal departments/agencies. Number of Canadian NGOs involved in international activities.	Use of information by departments and agencies in the development of policies and programs.

Indicators	Number of briefings/meetings/ committees. Collaborative mechanisms are established and used to identify collective responses to emerging issues. Priorities and programs of federal departments/agencies are adjusted in response to emerging issues. An information base that assists federal governments/agencies in addressing HIV/AIDS internationally.	Participation of program managers and communication advisors. Participation of federal departments/ agencies re: information sharing and collaboration Increased level of awareness among stakeholders. Increased level of awareness among the Canadian public.	Resources dedicated to address HIV/AIDS around the world. Effective and efficient dissemination of information/knowledge to federal departments/agencies.	Coordination mechanisms that meet the needs of federal departments/ agencies. Use of information by departments and agencies in the development of policies and programs.
Data sources	Conference reports Minutes of meetings Agendas Departmental records	Minutes of meetings December 1st Report Departmental reports	Review of information sharing mechanisms and practices among federal departments/agencies	Interviews with federal officials on satisfaction with coordination mechanisms and information sharing practices

I concur _____

DEC 1 8 1998

DEPARTMENT: International Affairs Directorate, Policy and Consultation Branch, Health Canada

Objective : To improve the coordination of federal policy development and program initiatives related to HIV/AIDS

Activities	Outputs	Reach	Outcomes	CSHA Goals
3) Facilitation of information sharing and collaboration between federal departments and agencies.	Coordination across branches with Health Canada and between other federal departments and agencies, such as the Canadian International Development Agency. Ad-hoc briefings/meetings Interdepartmental Committee Inventory of Canada's international HIV/AIDS activities and projects. Communication strategy and vehicles to increase public and stakeholder awareness of the Government of Canada's international contribution. Coordination and facilitation of the Canadian participation in international HIV/AIDS Conferences and special events. Ad-hoc Preparatory Groups	Departmental program managers and communications advisors. Federal departments and agencies, including central agencies. HIV/AIDS stakeholders Canadian public	Enhanced coordination of international HIV/AIDS efforts by the Government of Canada. Increasing public and stakeholder awareness of Canada's achievements and contributions to the global epidemic. Enhanced federal policy development and programs initiatives to fight the global HIV/AIDS epidemic. Improved use of resources in dealing with the global epidemic. Enhanced information sharing between departments and agencies.	Related to all CSHA goals.

Data sources	Conference reports Minutes of meetings Agendas Departmental records	Minutes of meetings December 1st Report Departmental reports	Review of involvement of Canadian NGOs involved in international HIV/AIDS activities/projects.	Interviews with federal officials, representatives from NGOs on satisfaction with the involvement of NGOs in international work.

I concur

DEC 18

Strategic Management, Coordination and Evaluation, and Monitoring

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Strategic Management, Coordination and Evaluation and Monitoring)

COMPONENT OBJECTIVE: A pan-Canadian HIV/AIDS Strategy

	Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
	Establish and support mechanisms for broad-based collaboration and coordination of Strategy implementation.	Constitution of bodies representing all sectors and partners; Identification of national directions, priorities, action plans; New partnerships and coalitions	Partners in Health Canada, other federal departments, provincial/territorial departments & agencies, Aboriginal organizations, private sector, NGOs, professional associations.	Coordination, sharing, consultation within Federal departments and with other governments, First Nations communities, NGOs and local communities and new population groups	Ensured a broad public response to HIV and AIDS in Canada by forging collaborative, strategic alliances among Strategy partners
Indicators		Regular meetings of bodies representing all sectors and partners; Meeting attendance (by affiliation); Reports recommending directions, priorities and action plans; Participation in Strategy implementation. Reports from bi-annual CSHA conferences	Membership and attendance at meetings; Participation in joint undertakings.	Increased support and participation by private sector, labour and media, and at-risk populations; Elimination of service gaps; mobilization and participation of new partners	Increased involvement of other levels of government, private sector, First Nations communities, NGOs, and non-AIDS specific sectors (eg. Chiefs of Police) in addressing HIV and AIDS
Data sources		Minutes of meetings; Committee/working group reports, Recommendations and decisions; Information provided by partners; Media reports; CSHA annual reports.	Membership lists/invitations; Minutes of meetings; Program files; E-mail records	Announcements of formal decisions on implementation of policies and funding for programs; Public statements by stakeholders and partners; Memoranda of understanding, agreements and financial records on co-funded programs, activities and projects; Independent reviews and evaluations.	CSHA Annual Synthesis Reports; the Minister's annual Canadian Report on HIV/AIDS.

I concur Nina Ansell
Nov 16, 1998

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Strategic Management, Coordination and Evaluation and Monitoring)

COMPONENT OBJECTIVE: Strengthened national capacity (long-term).

	Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
	Support development of public policies that will reduce the incidence of HIV and enhance the ability of persons with HIV/AIDS to live healthier lives.	National/international policy network; Advice and analyses of major HIV/AIDS related policy issues and long-term policy direction.	Partners in other departments, provinces and territories, public health, public administration, legal and private sectors; International and academic experts.	Improved capacity of NGOs, communities etc to respond Coordination, sharing, consultation within Federal Departments and with other governments, NGOs, First Nations and local communities and international partners	Ensured a broad and expanding public response to HIV and AIDS in Canada by coordinating a sustainable response to HIV and AIDS in Canada
Indicators		Meetings and outputs of policy network; Reviews of policies among partners/identification of areas of concern; Discussion papers and strategic policy options.	Correspondence with partners; Requests for discussion papers, comparative reviews, policy options and research.	Policy issues among strategy partners identified, and options documented;	Federal government use of information in development of policies and programs; Relevant policy development of other levels of government, First Nations, NGOs, professional associations and the private sector; Increase in resources dedicated by other levels of government, private sector and NGOs to addressing HIV/AIDS
Data sources		Program files; Special studies and reports, meeting minutes	Program files.	Discussion papers; Proposed action; Briefing notes to Minister. Program/project files.	

I concur Dina Ann
Apr 16/98

DEPARTMENT: HEALTH CANADA (Health Programs and Promotion Branch; Strategic Management, Coordination and Evaluation and Monitoring)

COMPONENT OBJECTIVE: Increased public accountability.

	Activities	Outputs	Reach	Outcomes	Key Results/CSHA Goals
	Monitor and report on Strategy performance and component expenditures	Annual operational planning and priority setting process; Financial tracking mechanism on program activities and expenditures; Integrated performance reporting and evaluation framework. Annual report to TBS Annual Public Accountability Report	Departmental and component managers; Partners in other federal departments, non-governmental and provincial/territorial organizations; Community-based service provides; Parliamentarians; Canadian public.	Coordination, sharing, consultation with all levels of partners Shared knowledge about the Strategy's goals, plans, priorities and resource allocations Benchmarks to assess progress against plans and priorities Improved use of resources	Ensured a broad public response to HIV and AIDS in Canada by maintaining transparency and enhanced accountability among all partners.
Indicators		Operational planning and priority setting reports; Quarterly/annual financial and performance reports (eg. CSHA Integrated Performance Reporting Framework reports)	Distribution of annual reports.	Collaboration among provincial/territorial HIV/AIDS program managers, community-based ASOs and service providers; Feedback on whether initiatives and program activities are meeting the needs of the community.	Data collection, information, research and evaluation in support of effective decison making; Federal government use of information in development of policies and programs.
Data sources		CSHA quarterly/annual reports.	Program files; Distribution/mailing lists.	Correspondence and informal exchanges; Program files; Media reports; Independent reviews and evaluations.	

I concur Nina Arron
Nov. 16/98

Coordination and Evaluation

Canadian Strategy on HIV/AIDS: Strategic Planning and Review Directorate, Policy and Consultation Branch, Health Canada

GOAL : To ensure availability of reliable information for decision making of the CSHA

Activities	Outputs	Reach	Outcomes	CSHA Goals
1.1 Monitoring progress in collecting and reporting data on key results/long term impacts/strategic outcomes and performance indicators and developing tools for this purpose	Performance measurement tools which includes: accountability, performance and evaluation frameworks; performance indicator tables; data collection instruments; data bases; and reports	Departmental program managers and program evaluations/review managers Treasury Board Secretariat (TBS)	Improved program reporting	Effective, efficient and coordinated federal policy development and programming which leads to treatment, care and support for persons living with HIV/AIDS, their caregivers, families and friends.
Indicators	Availability of data for annual reporting to TBS and Canadian public Management sign-off on the accountably and performance frameworks	Reporting instruments produced by departments and submitted to central agencies	Performance reporting by CSHA and departments that meet comptrollership requirements	Coordination mechanisms that meet the needs of federal departments, agencies and Crown corporations
Data sources	Minutes of EWG and other work groups Health Canada, TBS records	Departmental records	Departmental input into CSHA Annual Report	Annual reports, Interviews with departments on satisfaction with coordination mechanisms

I concur Ken Lee 98.11.19

INTERDEPARTMENTAL FAMILY VIOLENCE INITIATIVE: Strategic Planning and Review Directorate, Policy and Consultation Branch, Health Canada

GOAL : To ensure availability of reliable information for decision making of the CSHA

Activities	Outputs	Reach	Outcomes	CSHA Goals
1.2 Reviewing the completeness/ appropriateness of performance information, addressing gaps in research and data collection and recommending additional data collection	Reports to EWG Recommendations to EWG	Departmental Program managers and evaluation/review managers	Improved performance reporting Improved programming	Effective, efficient and coordinated federal policy development and programming which leads to treatment, care and support for persons living with HIV/AIDS, their caregivers, families and friends.
Indicators	EWG statements on need for additional data collection	Involvement of members in EWG review of information	Completeness/appropriateness of data contributing to HIV/AIDS information base	An information base that assist federal government partners in addressing HIV/AIDS issues
Data Source	Minutes of EWG and other work groups Health Canada, TBS records	Minutes of, EWG and other work groups Departmental records	Review of data collection through management information systems CSHA annual reports	Review of research agenda on HIV/AIDS related issues Five Year CSHA Report

I concur Ken Lee
98.11.19

CANADIAN STRATEGY ON HIV/AIDS: Strategic Planning and Review Directorate, Policy and Consultation Branch, Health Canada

GOAL : To ensure availability of reliable information for decision making of the CSHA

Activities	Outputs	Reach	Outcomes	CSHA Goals
1.3 Using resources effectively and efficiently for sharing information, promoting collaborative activities and preventing duplication; providing secretariat services for EWG	EWG meetings Inter-branch Strategy Team EWG decisions on use of CSHA coordination/evaluation funds	Federal government partners	Improved use of resources Information sharing Synergy of action	Effective, efficient and coordinated federal policy development and programming related to HIV/AIDS issues
Indicators	Decisions re information sharing and promotion of collaborative endeavours Number of committees and meetings	Participation of federal partners in decisions re sharing and collaboration Alternative ways to share information and best practices	Availability of resources to further the goals of CSHA Dissemination of information/ knowledge to federal government partners	Coordination mechanisms that meet the needs of federal departments, agencies and Crown corporations Relevant policy and program development by other levels of government, First Nations, NGOs, professional ass'ns, Private Sector Resources dedicated by other levels of government and NGOs to addressing HIV/AIDS issues
Data sources	Minutes of EWG meetings Departmental records	Minutes of EWG meetings Departmental records	Review of information exchange systems and information sharing practices among federal government partners	Interviews with federal officials on satisfaction with coordination mechanisms

I concur Ken Lee 98.11.19

Correctional Service Canada

Correctional Service Canada
Service correctionnel Canada

Ottawa, Canada
K1A 0P9

November 12, 1998

Nina Arron
A/Manager, HIV/AIDS Policy
and Coordination Office
Health Canada
Jeanne Mance Building
Tunney's Pasture
Ottawa, Ontario
K1A-1B4

Dear Ms. Arron,

Enclosed please find the tables of indicators for activities contained in CSC's National HIV/AIDS Program for inclusion in the Performance Reporting Framework currently under development.

The enclosed tables identify CSC's reporting requirements under the Canadian Strategy on HIV/AIDS.

Please feel free to contact Sandra Mather, National HIV/AIDS Coordinator, at (613) 995-3098 if you have any questions on the enclosed tables.

Sincerely,

Alan Sierolawski
A/Director General Health Services

c.c. Satish Seetharam, Strategic Planning Directorate, Health Canada

Canada

Department: Correctional Service of Canada

Component: Prevention and Education

Goal: To prevent the spread of HIV infection in federal correctional settings.
To ensure accessibility of quality care, treatment and support for offenders living with HIV/AIDS
To minimize the adverse impact of HIV/AIDS on offenders, staff and community.

Activities	Outputs	Reach	Outcomes	CHSA Goals
1.1 HIV/AIDS Education for Offenders ▫ Development of: minimum standards, training manual and gender/ culturally sensitive models for National HIV/AIDS Peer Education and Counselling (PEC) Program. ▫ Implementation of National HIV/AIDS PEC Program.	1998/99 CHSA - $55K for the development of the program and $175K for regional implementation of the program.	Offenders in CSC institutions	Anticipated outcomes for the program are: • Increased awareness and reduced stigma associated with HIV/AIDS and other infectious diseases. • Reduction in risky behaviors (needle sharing, unsafe tattooing, unprotected sex). • Increased acceptance, assistance and support for offenders living with HIV/AIDS.	To prevent the spread of HIV infection in Canada. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers. To minimize the adverse impact of HIV/AIDS on individuals and communities. To minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators			Number of programs Number of inmates educated/counseled Number of offenders requesting HIV tests	
Data Sources			Institutional and regional reports Infectious diseases surveillance system (within 3 years) Survey of risky behaviors (within 5 years)	

Department Correctional Service of Canada

Component: Prevention and Education

Goal: To prevent the spread of HIV infection in federal correctional settings.
To ensure accessibility of quality care, treatment and support for offenders living with HIV/AIDS
To minimize the adverse impact of HIV/AIDS on offenders, staff and community.

Activities	Outputs	Reach	Outcomes	CHSA Goals
1.1 HIV/AIDS Education for Offenders ▫ Development of: minimum standards, training manual and gender/ culturally sensitive models for National HIV/AIDS Peer Education and Counselling (PEC) Program. ▫ Implementation of National HIV/AIDS PEC Program.	1998/99 CHSA - $55K for the development of the program and $175K for regional implementation of the program.	Offenders in CSC Institutions	Anticipated outcomes for the program are: • Increased awareness and reduced stigma associated with HIV/AIDS and other infectious diseases. • Reduction in risky behaviors (needle sharing, unsafe tattooing, unprotected sex). • Increased acceptance, assistance and support for offenders living with HIV/AIDS.	To prevent the spread of HIV infection in Canada. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers. To minimize the adverse impact of HIV/AIDS on individuals and communities. To minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators			Number of programs Number of inmates educated/counseled Number of offenders requesting HIV tests	
Data Sources			Institutional and regional reports Infectious diseases surveillance system (within 3 years) Survey of risky behaviors (within 5 years)	

Department: Correctional Service of Canada

Component: Prevention and Education

Goal: To prevent the spread of HIV infection in federal correctional settings.
To minimize the adverse impact of HIV/AIDS on offenders, staff and community.

Activities	Outputs	Reach	Outcomes	CHSA Goals
1.2 HIV/AIDS Education for Staff ▫ Development of self-study and classroom training packages. ▫ Development of training plans.	1998/99 CSC - $60K for the development of the training packages.	CSC and National Parole Board staff	Anticipated outcomes are: • Increased awareness associated with HIV/AIDS and other infectious diseases. • Reduced risk of infection with HIV/AIDS and other infectious diseases. • Improved safety of the institution.	To prevent the spread of HIV infection in Canada. To minimize the adverse impact of HIV/AIDS on individuals and communities.
Indicators			Number of staff trained Number of exposures to blood/body fluids	
Data Sources			Peoplesoft Database OMS/Incident Reporting System	

Department: Correctional Service of Canada

Component: Prevention and Education

Goal: To prevent the spread of HIV infection in federal correctional settings.
To ensure accessibility of quality care, treatment and support for offenders living with HIV/AIDS.
To minimize the adverse impact of HIV/AIDS on offenders, staff and community.

Activities	Outputs	Reach	Outcomes	CHSA Goals
1.3 HIV Testing Options ▫ Focused study on non-nominal HIV testing. ▫ Anonymous HIV testing pilot projects	CHSA - $40K for the implementation of the focused study and pilot projects	Offenders in CSC Institutions CSC Management	Anticipated outcomes are: • Increased testing options for offenders. • Increased offenders requesting HIV testing.	To prevent the spread of HIV infection in Canada. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers. To minimize the adverse impact of HIV/AIDS on individuals and communities. To minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators			Number of approved testing options Number of offenders requesting HIV testing Number of HIV tests	
Data Sources			Evaluation reports CSC policy	

Department: Correctional Service of Canada

Component: Prevention and Education

Goal: To prevent the spread of HIV infection in federal correctional settings.
To ensure accessibility of quality care, treatment and support for offenders living with HIV/AIDS.
To minimize the adverse impact of HIV/AIDS on offenders, staff and community.

Activities	Outputs	Reach	Outcomes	CHSA Goals
1.4 Harm Reduction Measures - Methadone Maintenance Treatment (MMT) □ Implementation of Phase I of the National MMT Program □ Analysis of the requirements for the implementation of Phase II of the National MMT Program.	CSC - $750K for the provision of MMT. CHSA - $100K for the regional implementation of Phase I and $25K for researching the requirements of Phase II of the program.	Offenders in CSC institutions	Anticipated outcomes for the program are: • Increased awareness, acceptance and use of harm reduction measures, in particular MMT. • Reduction in risky behavior (intravenous drug use). • Decreased institutional violence and drug trafficking. • Reintegration of the offender into the community and decreased recidivism.	To prevent the spread of HIV infection in Canada. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers. To minimize the adverse impact of HIV/AIDS on individuals and communities. To minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators			Number of offenders on MMT Number of positive urine screens for illicit drugs Number of offenders who complete program Number of suspensions or revocations	

Data Sources			Infectious Diseases Surveillance System (within 3 years), Urinalysis Program Database, Incident Reporting System, Survey of risky behaviors (within 5 years), Evaluation Reports	

Department: Correctional Service of Canada

Component: Prevention and Education

Goal: To prevent the spread of HIV infection in federal correctional settings.
To ensure accessibility of quality care, treatment and support for offenders living with HIV / AIDS
To minimize the adverse impact of HIV/AIDS on offenders, staff and community.
To ensure a coordinated and sustainable national response to HIV/AIDS in correctional settings.

Activities	Outputs	Reach	Outcomes	CHSA Goals
1.5 Harm Reduction Measures – Condoms, dental dams, lubricants and bleach ▫ Distribution of condoms, dental dams, water-based lubricants and bleach for offenders	CSC funds this activity entirely. CHSA funds are not allocated to this activity.	Offenders in CSC institutions	Anticipated outcomes are: • Increase the awareness, acceptance and use of harm reduction measures. • Reduction in risky behaviors (intravenous drug use, unsafe tattooing, unprotected sex).	To prevent the spread of HIV infection in Canada. To minimize the adverse impact of HIV/AIDS on individuals and communities. To minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators			Number of harm reduction devices distributed Prevalence of risky behaviors	
Data Sources			Evaluation Report (to be completed in 1998/99) Survey of risky behaviors (within 5 years)	

Department: Correctional Service of Canada

Component: Care Treatment and Support

Goal: To ensure accessibility of quality care, treatment and support for offenders living with HIV / AIDS
To minimize the adverse impact of HIV / AIDS on offenders, staff and community.
To ensure a coordinated and sustainable national response to HIV/AIDS in correctional settings.

Activities	Outputs	Reach	Outcomes	CHSA Goals
2. Options and Standards □ Pilot project on alternative therapies for offenders living with HIV/AIDS. □ Development of minimum standards for the care, treatment and support of offenders living with HIV/AIDS	CHSA - $30K	Offenders in CSC institutions CSC Management Provincial/territorial and international correctional systems Health Canada and other federal departments HIV/AIDS community Human rights advocates	Anticipated outcomes are: • Increased range of care options for offenders living with HIV/AIDS. • Improved quality and consistency of care, treatment and support for offenders living with HIV/AIDS.	To prevent the spread of HIV infection in Canada. To find and provide effective vaccines, drugs and therapies. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers. To minimize the adverse impact of HIV/AIDS on individuals and communities.
Indicators			Number of care options Number of accredited programs	
Data Sources			Health Information System (under development) Accreditation of Health Services (under development)	

Department: Correctional Service of Canada

Component: Legal Ethical and Human Rights Issues

Goal: To ensure accessibility of quality care, treatment and support for offenders living with HIV / AIDS
To minimize the adverse impact of HIV / AIDS on offenders, staff and community.
To ensure a coordinated and sustainable national response to HIV/AIDS in correctional settings.

Activities	Outputs	Reach	Outcomes	CHSA Goals
3. Legal, ethical and human rights issues □ Examination of the issues surrounding the care, treatment and support of offenders infected with HIV/AIDS, including the confidentiality, disclosure and privacy of medical information	CHSA - $15K	Offenders in CSC Institutions CSC management Provincial, territorial and international correctional systems Health Canada and other federal departments HIV/AIDS community, Human rights advocates	Anticipated outcomes are: • Increased awareness and knowledge of legal, ethical and human rights issues associated with HIV/AIDS and other infectious diseases. • Improved quality and consistency of care, treatment and support for offenders living with HIV/AIDS.	To prevent the spread of HIV infection in Canada. To minimize the adverse impact of HIV/AIDS on individuals and communities. To minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators			Number of policies Quality of care, treatment and support processes	
Data Sources			CSC policies Evaluation reports	

Department: Correctional Service of Canada

Component: Surveillance

Goal: To develop a body of empirical information on HIV/AIDS in correctional settings

Activities	Outputs	Reach	Outcomes	CHSA Goals
4.1 Development of surveillance system for HIV/AIDS and other infectious diseases	CHSA – $65K	CSC management Offenders in CSC institutions Provincial/territorial and international correctional systems Health Canada and other federal departments HIV/AIDS community Human rights advocates Academic researchers Media General public	Anticipated outcomes are: • Improved knowledge about the epidemiology of HIV/AIDS and other infectious diseases in CSC institutions. • Informed policy and program development.	To prevent the spread of HIV infection in Canada. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers. To minimize the adverse impact of HIV/AIDS on individuals and communities.
Indicators			Development of surveillance report	
Data Sources			Infectious Diseases Surveillance System (within 3 years)	

Department: Correctional Service of Canada

Component: Surveillance

Goal: To develop a body of empirical information on HIV/AIDS in correctional settings

Activities	Outputs	Reach	Outcomes	CHSA Goals
4.2 Epidemiological Studies □ Conduct incidence and prevalence studies, including the development of a model for investigations of potential outbreaks of HIV/AIDS and other infectious diseases	CHSA - $10K	CSC management Offenders in CSC institutions Provincial/territorial and international correctional systems Health Canada and other federal departments HIV/AIDS community Human rights advocates Academic researchers Media General public	Anticipated outcomes are: • Improved knowledge about the epidemiology of HIV/AIDS and other infectious diseases in CSC institutions. • Increased knowledge of the cause of outbreaks of HIV/AIDS and other infectious diseases and its control. • Informed policy and program development.	To prevent the spread of HIV infection in Canada. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers. To minimize the adverse impact of HIV/AIDS on individuals and communities.
Indicators			Recommendations from epidemiological studies met Number of policy and program changes	
Data Sources			Investigation reports Epidemiological studies	

Department: Correctional Service of Canada

Component: Coordination and Collaboration

Goal: To prevent the spread of HIV infection in federal correctional settings.
To ensure accessibility of quality care, treatment and support for offenders living with HIV / AIDS
To minimize the adverse impact of HIV/AIDS on offenders, staff and community.
To ensure a coordinated and sustainable national response to HIV/AIDS in correctional settings.

Activities	Outputs	Reach	Outcomes	CHSA Goals
5.1 Information sharing and collaborative activities on HIV/AIDS and other infectious diseases	CHSA - $30K	Federal government partners Provincial/territorial and international correctional systems Non governmental organizations	Anticipated outcomes are: • Increased partnerships. • Enhanced collaboration of policy and program development activities. • Improved sharing of information. • Identification of best practices and continuous learning.	To prevent the spread of HIV infection in Canada. To ensure care, treatment and support for Canadians living with HIV/AIDS, their families, friends and caregivers. To minimize the adverse impact of HIV/AIDS on individuals and communities. To minimize the impact of social and economic factors that increase individual and collective risk for HIV.
Indicators			Number of partnerships in place or under development Number of working groups (i.e. F/PT, Aboriginal & Women offenders) Number of conferences and meetings attended with NGOs and other government departments	

Data Sources			Departmental Minutes	

Our mission is to help the people of Canada maintain and improve their health.

Health Canada

Notre mission est d'aider les Canadiens et les Canadiennes à maintenir et à améliorer leur état de santé.

Santé Canada

The Departmental Program Evaluation Division provides objective information and advice on policy and program performance and works to strengthen departmental performance measurement and evaluation capacity in order to enhance the impact of Health Canada's activities on the health of the people of Canada.

La Division de l'évaluation des programmes ministérielle offre de l'information et des conseils objectifs sur le rendement des politiques et des programmes et s'efforce de renforcer la capacité du Ministère à mesurer et à évaluer le rendement afin d'accroître l'impact des activités de Santé Canada sur la santé de la population canadienne.

STRATÉGIE CANADIENNE SUR LE VIH/SIDA
Cadre de rapport sur le rendement

Février 1999

STRATÉGIE CANADIENNE SUR LE VIH/SIDA

Cadre de rapport sur le rendement

Le présent *cadre de rapport* a été réalisé par un groupe de travail du
Groupe de travail sur l'évaluation (GTE)
de la Stratégie canadienne sur le VIH/sida (SCVS).
Le groupe était composé de: Jerzy Jarmasz (président) DPSE - Santé Canada,
Satish Seetharam, DPSE - Santé Canada, Nina Arron, Coordination de la Stratégie
canadienne sur le VIH/sida (SCVS) - Santé Canada et
Michel Laurendeau, Secrétariat du Counseil du Trésor.

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SECTION 2

Annexe

(SVP voir l'annexe à la section 2 de la version anglaise)

STRATÉGIE CANADIENNE SUR LE VIH/SIDA (SCVS)
Cadre de rapport sur le rendement

SECTION 1 - SURVOL

1. Historique

La Stratégie canadienne sur le VIH/sida (SCVS) lancée le 28 mai 1998 remplace la Stratégie nationale sur le sida; elle prévoit un financement continu, stable, de 42,2 millions de dollars par année pour lutter contre le VIH et le sida au Canada. Santé Canada et le Service correctionnel du Canada (SCC) sont les deux principaux participants fédéraux à la Stratégie. Le Conseil de recherches médicales (CRM), en vertu d'un protocole d'entente avec le Programme national de recherche et développement en matière de santé (PNRDS), de Santé Canada, reçoit des fonds pour soutenir la recherche extra-muros.

La Stratégie est conçue pour renforcer la capacité du Canada de prendre en charge la nature complexe et instable des multiples épidémies d'infection par le VIH au Canada. Trois orientations stratégiques fondamentales guident la mise en oeuvre de la Stratégie.

- *durabilité et intégration* accrues, c'est-à-dire adoption de nouveaux mécanismes et approches pour consolider et coordonner une action nationale soutenue;
- *orientation accrue sur les personnes les plus à risque*, c'est-à-dire des stratégies innovatrices axées sur les comportements à haut risque chez les populations souvent marginalisées sur le plan socio-économique;
- *une responsabilisation publique accrue*, c'est-à-dire des décisions davantage basées sur des preuves, ainsi que des examens et un contrôle permanents du rendement.

2. But du présent document

L'approbation par le gouvernement de la SCVS engageait Santé Canada et le SCC à élaborer un cadre de rapport de rendement pour mettre en oeuvre la Stratégie. Le présent document, préparé pour donner suite à cet engagement, expose la méthode générale de mesure du rendement et les indicateurs de rendement sommaires pour les activités entreprises par Santé Canada et le SCC en application de la Stratégie.

Le cadre est conçu pour faciliter la participation éventuelle d'autres ministères fédéraux, organismes et partenaires non gouvernementaux, étant donné que la Stratégie est axée sur la durabilité, l'intégration et la responsabilisation publique accrue.

3. Le cadre de rapport de rendement de la SCVS - description sommaire

Le cadre de rapport de rendement de la SCVS sert de lien entre les engagements à rendre compte du gouvernement fédéral et la déclaration des résultats réels par rapport aux activités. C'est un plan directeur qui décrit comment Santé Canada et le SCC s'assureront que leurs activités conduisent à l'atteinte des buts de la Stratégie.

Le cadre est conçu pour clarifier la relation des objectifs, des activités et des indicateurs de rendement du programme avec les résultats ou les buts attendus de la Stratégie. Il est en plus un outil de communication efficace. Vu l'importante place faite au partenariat dans la Stratégie, nombre de personnes et de groupes — cadres supérieurs, provinces et territoires, personnes touchées par le VIH/sida ou personnel du programme — seront tenus au courant du stade d'avancement de la Stratégie. Le cadre est également utile aux fins de contrôle. Si un programme ou une activité doivent être modifiés pour que les résultats souhaités puissent être atteints, cela peut se faire rapidement. Enfin, parce que les indicateurs de rendement et les sources de données y sont spécifiés, le cadre permet de faire en sorte que la collecte de renseignements porte sur les éléments les plus pertinents.

Le cadre de rapport de rendement de la SCSV est divisé en deux grandes sections. La première section énonce la responsabilité de Santé Canada et du SCC en vertu de la Stratégie. Les divers mécanismes et structures de coordination mis en place pour que les obligations redditionnelles soient remplies y sont exposés. La possibilité d'adaptation globale de la Stratégie y est démontrée par la mise en relation de ses objectifs ou résultats globaux avec les résultats attendus ou les buts globaux de la Stratégie. Cette section ne changera pas d'une année à l'autre.

La deuxième section, l'Annexe, consiste en une synopsis de l'information nécessaire pour mesurer les résultats clés au niveau de la Stratégie globale. Les éléments de programme dans le cadre de la Stratégie y sont décrits par rapport aux principales activités, aux résultats clés, aux indicateurs de rendement et aux sources de collecte de données connexes. L'Annexe est un document évolutif. Elle sera revue et révisée régulièrement à mesure que des activités s'ajoutent ou changent, afin d'assurer l'adaptation globale et la durabilité à long terme de la Stratégie.

4. Responsabilité et coordination

Voici la structure et les mécanismes conçus pour assurer la coordination et la responsabilisation, à Santé Canada et à SCC.

4.1 Responsabilisation de Santé Canada

Santé Canada reçoit 41,6 millions de dollars ou 98,6 % des attributions annuelles, en vertu de la *Stratégie canadienne sur le VIH/sida*. Pour que les fonds soient dûment attribués, coordonnés et gérés, on a établi ou on est en train d'établir plusieurs mécanismes d'organisation et de coordination. Des éléments du Programme recoupant cinq directions générales à programmes participent à l'exécution du mandat de la *Stratégie*.

Le sous-ministre adjoint (SMA), Direction générale de la promotion et des programmes de la santé (DGPPS), est le principal responsable de l'application et de la coordination globales de la *Stratégie*, ainsi que de la gestion de quatre des composantes de programmes de la *Stratégie*. Les SMA de la Direction générale des Services médicaux (DGSM), de la Direction générale de la protection de la santé (DGPS) et de la Direction générale de la politique et de la consultation (DGPC) ont également des responsabilités à l'égard de l'exécution d'éléments du Programme VIH/sida. Le SMA, Direction générale de l'analyse de l'information et de la connectivité, est responsable du PNRDS, qui finance les activités extra-muros.

Vue d'ensemble des éléments du Programme VIH/sida de Santé Canada, par direction générale		
Direction générale	**Élément de programme**	**Milliers de dollars**
Promotion et programmes de la santé	• Gestion stratégique • Intégration et coordination de politiques • Prévention et action communautaire • Soins, traitement et soutien	21 950

Analyse de l'information et connectivité	• Recherche extra-muros :
	  * PNRDS (Autochtones, communautaire)
	  * PNRDS/CRM
		12 150

Protection de la santé	• Surveillance • Services de laboratoires • Recherche	6 000
Services médicaux	• Programme sur le VIH/sida (Inuit et Premières nations)	1 100
Politique et consultation	• Coordination internationale • Évaluation	400
	TOTAL	41 600

4.2 Mécanismes de coordination gérés par Santé Canada

Étant donné l'envergure et la complexité de la *Stratégie sur le VIH/sida*, Santé Canada a organisé et coordonne le travail de plusieurs comités.

Le Conseil du Ministre sur le VIH/sida est une partie intégrante de la *Stratégie* et fournit au Ministre de la Santé des conseils indépendants sur les aspects pancanadiens de la *Stratégie*.

Les programmes et activités de Santé Canada sont subsumés sous deux mécanismes globaux de coordination : un Comité de coordination des SMA (CCSMA), aidé par une Équipe stratégique inter-directions générales (ESI). Le Comité, dont la ratification est à l'étude, assurera la gestion efficace des activités ministérielles entre les cinq directions générales participantes.

L'Équipe aide le CCSMA en donnant des conseils stratégiques sur les questions recoupant toutes les directions générales. En plus des directeurs représentant les directions générales participantes, le Finances et les Services de gestion y ont des délégués. L'Équipe prépare des rapports trimestriels pour le CCSMA. Bien qu'essentiellement interne, l'ESI rencontrera, au moins tous les trois mois, des représentants de SCC et du CRM.

Pour faciliter le travail de l'ESI et pour bien viser les buts de la *Stratégie*, on constitue actuellement des groupes et comités de travail permanents. Parmi les groupes actuels, mentionnons le Groupe de travail sur l'évaluation (GTE) et le Comité interministériel de coordination (CIC) sur le VIH/sida. Des groupes de travail spéciaux se formeront, au fur et à mesure, pour aborder des sujets déterminés.

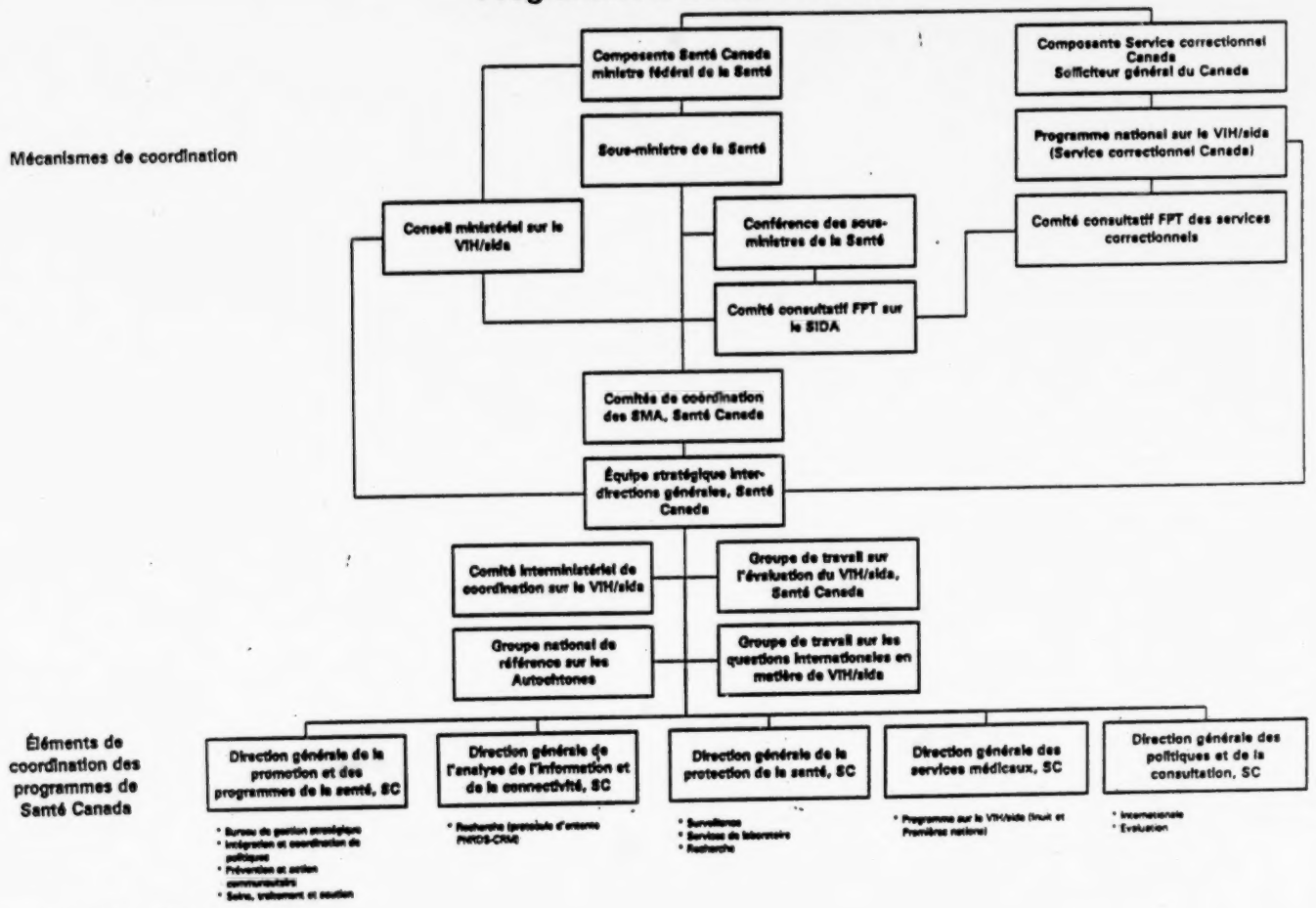
Mécanismes de coordination de Santé Canada chargés d'assurer l'efficacité		
Mécanisme de coordination	**Mandat**	**Membres**
Conseil du Ministre sur le VIH/sida (comité formé de membres à l'échelon le plus élevé, établi pendant l'application de la *Stratégie*)	Donner au Ministre de la Santé des conseils indépendants sur les aspects pancanadiens du VIH/sida en • fournissant une vision à long terme, • prônant des solutions aux nouvelles situations, • surveillant et évaluant l'application de la *Stratégie*	• 15 membres non gouvernementaux nommés par le Ministre, y compris cinq personnes séropositives et deux membres d'office (le SMA de la DGPPS et un représentant provincial du Comité consultatif fédéral-provincial-territorial sur le VIH/sida)
(Interne à Santé Canada) Comité de coordination des SMA *(CCSMA)* *(ratification à l'étude)* **Équipe stratégique inter-directions générales**	Assurer une gestion efficace des activités de Santé Canada, dans le cadre de la *Stratégie canadienne sur le VIH/sida*. Appuyer le CCSMA en • donnant des conseils stratégiques, sur les questions et lacunes recoupant toutes les directions générales, • veillant à ce qu'on atteigne les objectifs ministériels et établisse la responsabilisation pertinente.	• SMA, Promotion et des programmes de la santé • SMA, Services médicaux • SMA, Protection de la santé • SMA, Politique et consultation • SMA IAC • Directeurs représentant les directions générales du CCSMA • Représentants de SCC et du CRM aux réunions trimestrielles
Comité interministériel de coordination (CIC) du gouvernement fédéral	Faciliter l'établissement et le maintien de liens horizontaux entre les ministères et organismes participants.	Représentants de 18 ministères et organismes participants
Comité consultatif fédéral-provincial-territorial (CCFPT) sur le SIDA	Donner des conseils en matière de politique stratégique sur le VIH/sida à la conférence des sous-ministres	Représentants de chaque province et territoire et de Santé Canada SMA de la DGPPS : coprésident fédéral
Groupe de travail sur les questions internationales en matière de VIH/sida	Donner des conseils sur l'évolution de l'épidémie dans le monde, pour guider la réponse internationale du Canada.	Membres : intervenants canadiens investis de mandats internationaux; ONG, ACDI, Santé Canada, Affaires étrangères
Le groupe de travail national de référence sur les Autochtones (en cours de planification)	Donner des conseils sur les aspects de la *Stratégie* concernant les Autochtones.	

Les mécanismes de coordination relatifs à l'exécution de la *Stratégie canadienne sur le VIH/sida* sont présentés à la *figure 1*, page 5.

Figure 1

SANTÉ CANADA

Propositions: principaux mécanismes de coordination et éléments du Programme à Santé Canada


Mécanismes de coordination
Composante Santé Canada
ministre fédéral de la Santé
Composante Service correctionnel Canada
Solliciteur général du Canada
Sous-ministre de la Santé
Programme national sur le VIH/sida (Service correctionnel Canada)
Conseil ministériel sur le VIH/sida
Conférence des sous-ministres de la Santé
Comité consultatif FPT des services correctionnels
Comité consultatif FPT sur le SIDA
Comités de coordination des SMA, Santé Canada
Équipe stratégique inter-directions générales, Santé Canada
Comité interministériel de coordination sur le VIH/sida
Groupe de travail sur l'évaluation du VIH/sida, Santé Canada
Groupe national de référence sur les Autochtones
Groupe de travail sur les questions internationales en matière de VIH/sida
Éléments de coordination des programmes de Santé Canada
Direction générale de la promotion et des programmes de la santé, SC
Direction générale de l'analyse de l'information et de la connectivité, SC
Direction générale de la protection de la santé, SC
Direction générale des services médicaux, SC
Direction générale des politiques et de la consultation, SC

Avant-projet, décembre 1998

4.3 Responsabilités et activités de Service correctionnel Canada

Service correctionnel Canada reçoit 0,6 million de dollars ou 1,2 % de l'attribution annuelle en vertu de la *Stratégie canadienne sur le VIH/sida*. Des éléments du programme recoupant sept secteurs à programme participent à l'exécution du mandat de la *Stratégie*.

Le commissaire adjoint, Opérations et programmes correctionnels (CAOPC) est chargé de l'application et de la coordination globales, ainsi que de la gestion de la *Stratégie*. Travaillant dans le même secteur, le directeur général, Services de santé et le coordonnateur national pour le VIH/sida élaborent des politiques et normes, coordonnent et surveillent les opérations, et élaborent et entretiennent des réseaux efficaces. Des commissaires adjoints de six autres secteurs sont responsables d'autres éléments de la *Stratégie*.

Dans les régions, les sous-commissaires et sous-commissaires adjoints régionaux doivent veiller à ce que les activités de la *Stratégie* soient mises en oeuvre et maintenues conformément aux politiques, aux lignes directrices et aux normes. Les coordonnateurs des maladies infectieuses oeuvrant dans les régions et les établissements ont des responsabilités opérationnelles relatives au VIH/sida et à d'autres maladies infectieuses. Ils doivent notamment surveiller l'application des activités liées à la *Stratégie*.

Vue d'ensemble (par secteur) des éléments du Programme du VIH/sida de Service correctionnel Canada	
Secteur	**Élément du Programme**
Opérations et programmes correctionnels	• Prévention et éducation • Soins, traitement et soutien • Surveillance • Questions légales, éthiques et de droits de la personne • Coordination et collaboration
Délinquantes	• Questions liées à la disparité entre les sexes
Services juridiques	• Services juridiques (questions légales, éthiques et de droits de la personne)
Personnel et formation	• Formation du personnel (prévention et éducation)
Évaluation du rendement	• Évaluation
Développement organisationnel	• Planification • Politique
Services corporatifs	• Finances

4.4 Mécanismes de coordination du Service correctionnel du Canada

Divers groupes d'intervenants internes ou externes contribuent ou ont contribué à établir des mécanismes de coordination affiliés aux milieux correctionnels. Des comités facilitent l'établissement et le maintien de liens horizontaux. Un représentant des services correctionnels assiste aux réunions suivantes : celles (trimestrielles) du Comité interministériel de coordination de Santé Canada, celles du Groupe de travail sur l'évaluation, et celles (trimestrielles) de l'Équipe stratégique inter-directions générales.

Mécanismes de coordination de Service correctionnel Canada pour assurer l'efficacité

Mécanisme de coordination	Mandat	Envergure et membres
(Interne à SCC) Comité de mise en oeuvre du Programme national sur le VIH/sida	• Déterminer les priorités du Programme et assurer le partage, la coordination et la surveillance de l'information • Déterminer les questions d'actualité et en rendre compte	• Membres : Représentants nationaux et régionaux de SCC et de la Commission nationale des libérations conditionnelles
Comité des coordonnateurs régionaux des maladies infectieuses	• Déterminer les questions liées aux maladies infectieuses et aider à les affronter • Favoriser l'élaboration, la mise en oeuvre et la surveillance du Programme national sur le VIH/sida	• Membres : Coordonnateurs régionaux des maladies infectieuses (5) et le coordonnateur national du VIH/sida
Comité national sur les maladies infectieuses **(Ministères fédéraux et représentants syndicaux)**	• Donner des conseils liés aux maladies infectieuses : * questions, * initiatives proposées, * interventions.	• Membres : Représentants de SCC (ressources humaines, opérations, cadres supérieurs régionaux et Services de santé régionaux) *Santé Canada *Institut professionnel de la Fonction publique *Syndicat des employés du Solliciteur général
Groupe de travail FPT des responsables des services correctionnels sur le VIH/sida	• Promouvoir un milieu où les politiques et les programmes permettront aux systèmes correctionnels provinciaux, territoriaux et fédéral de s'attaquer au VIH/sida dans les prisons, par • l'examen des questions, • les occasions de collaboration.	• Membres : représentants des systèmes correctionnels fédéral, provinciaux et territoriaux
Mécanismes pour les organismes communautaires (en cours de planification)	• Promouvoir la collaboration entre SCC et les organismes communautaires.	
Mécanismes pour les organismes internationaux (en cours de planification)	• Promouvoir la collaboration avec les organismes internationaux sur le sida et avec les systèmes correctionnels internationaux.	

5. Conception du cadre

Le cadre de rapport de rendement de la SCVS a été conçu à l'aide d'un modèle logique axé sur les résultats pour contrôler les progrès de la Stratégie vers l'atteinte des buts et en rendre compte.

Un modèle logique illustre la relation entre les *objectifs* d'une initiative, ses *activités*, et les *résultats* ou *impacts* d'un programme. À leur tour, les impacts peuvent être plus ou moins spécifiques ou généraux. En règle générale, ceux qui sont les plus étroitement liés à l'activité sont les plus faciles à mesurer ou à quantifier. À mesure que l'on progresse sur la chaîne, les impacts deviennent plus abstraits. Il est beaucoup plus difficile d'attribuer des résultats aux activités, en raison des fréquents et nombreux facteurs et variables qui interviennent.

Le modèle logique, illustré à la figure 2, page 9, décrit la chaîne « logique » à partir de l'objectif de la *Stratégie*, à travers les *éléments et composantes*, selon quatre niveaux d'impact prévus :

Résultats préliminaires : Ce sont les premiers résultats concrets directement attribués aux activités de l'élément ou de la composante. C'est à cette étape que l'on peut déterminer des indicateurs de rendement bien structurés et faciles à mesurer. Les gestionnaires de programmes peuvent directement influer sur les activités et mesurer les progrès par rapport aux résultats préliminaires. Le rapport annuel sur les résultats préliminaires est une des conditions associées à l'approbation gouvernementale.

Principaux résultats : Ceux-ci nécessitent des efforts à long terme et sont assujettis à diverses influences indépendantes de la volonté des responsables de la *Stratégie* dont (pour n'en nommer que quelques-unes) les activités et politiques d'autres ministères et organismes fédéraux et sociétés d'État, ainsi que des partenaires non gouvernementaux. Les principaux résultats nécessitent des changements de comportement et d'attitude qui, par définition, sont souvent imprécis, complexes et coûteux à mesurer.

Résultats globaux : ils correspondent aux buts et objectifs indiqués dans la *Stratégie*.

Impact sociétal : C'est le « résultat » le plus abstrait et il existe de nombreux facteurs, outre la *Stratégie*, qui influencent son déroulement. C'est essentiellement la vision associée à la *Stratégie*.

Figure 2 : Modèle logique de la *Stratégie canadienne sur le VIH/sida*

Mandat de la SCVS
Faire en sorte que le Canada puisse mieux répondre à la nature complexe et instable des multiples épidémies de VIH au Canada
Composantes de la SCVS
SANTÉ CANADA
- Prévention
- Soutien du développement communautaire et aux ONG nationales
- Soins, traitement et soutien
- Recherche
- Surveillance
- Activitiés internationales
- Coordination, élaboration de politiques et intégration
SCC
- Prévention & éducation
- Soins, traitement et soutien
- Questions légales, éthiques et de droits de la personne
- Surveillance
- Coordination et collaboration
Résultats préliminaires
- Sensibilisation et connaissances accrues au sujet du VIH/sida
- Soutien public à l'effort de développement communautaire
- Capacité améliorée des ONG, collectivités, etc. de réagir au VIH/sida
- Usage amélioré des ressources
- Coordination, partage, consultation dans les ministères fédéraux et avec d'autres gouvernements, ONG, Premières nations et collectivités locales, ainsi qu'avec des partenaires internationaux
Principaux résultats
- Sensibilisation et soutien accrus du public envers les initiatives en matière de VIH/sida
- Prévention de la propagation de l'infection par le VIH parmi les homosexuels masculins
- Prévention de la propagation du VIH dans les populations à risque
- Progrès vers la découverte et l'apport de mesures de prévention (y compris des vaccins) et de remèdes (médicaments et thérapies) efficaces
- Qualité et accès accrus et assurés relativement au traitement, aux soins et au soutien pour les personnes vivant avec le VIH/sida, leurs familles, leurs amis et les dispensateurs de soins
- Réduction des répercussions négatives du VIH/sida sur les particuliers et les collectivités
- Réduction des facteurs soci-économiques et environnementaux qui augmentent le risque individuel de contracteor le VIH
- Élaboration de politiques et de programmes fédéraux efficaces et coordonnés liés au VIH/sida, et qui favorisent une réponse nationale durable et intégrée en la matière
- Fiabilité accrue des renseignements la prise de décisions
Résultats globaux
- Prévenir la propagation de l'infection par le VIH au Canada
- Trouver un remède
- Trouver et fournir des vaccins, médicaments et thérapies efficaces
- Assurer les soins, le traitement et le soutien pour les Canadiens vivant avec le VIH et le sida, leurs familles, leurs amis et les dispensateurs de soins
- Réduire les répercussions négatives du VIH et du sida sur les particuliers et les collectivités
- Réduire l'impact des facteurs socio-économiques qui augmentent le risque individuel et collectif de contracter le VIH
impact sociétal
- Réduction substantielle de la transmission du VIH dans la population canadienne et assurance de soins, d'un traitement et d'un soutien appropriés pour les personnes infectées

Voici un tableau illustrant la relation entre les principaux résultats, les indicateurs de rendement connexes et les sources possibles d'information, aux fins de surveillance et de comparaison avec les indicateurs. Étant donné que ce cadre de mesure du rendement se rapporte à l'ensemble de la *Stratégie*, les objectifs et activités ne figurent pas dans ce tableau.

Lien entre les principaux résultats, les indicateurs de rendement et les sources d'information

Principaux résultats	Indicateurs de rendement	Sources d'information
• Sensibilisation accrue du public à l'égard des initiatives sur le VIH/sida • Soutien à l'égard des initiatives sur le VIH/sida • Prévention de la propagation de l'infection par le VIH chez les homosexuels masculins • Prévention de la propagation du VIH dans les populations à risque	• Sensibilisation et connaissances relatives à la transmission du VIH • Soutien public démontré à l'égard de l'investissement dans les initiatives sur le VIH/sida • Incidence du VIH chez les homosexuels masculins • Adoption de modèles (éprouvés et adaptés aux cultures respectives) de prévention du VIH au niveau communautaire • Incidence du VIH dans les populations à risque	• Population canadienne
• Découvrir et proposer des mesures de prévention (c.-à-d. vaccins) et remèdes (c.-à-d. médicaments et thérapies) efficaces • Accès accru à un traitement, à des soins et à un soutien de haute qualité pour les personnes atteintes du VIH/sida, leurs familles, leurs amis et les dispensateurs de soins • Réduction des répercussions négatives du VIH/sida sur les particuliers et les collectivités • Réduction des facteurs socio-économiques et environnementaux qui augmentent le risque individuel de contracter le VIH	• Adoption de vaccins, médicaments et thérapies appropriés • À déterminer • Accès opportun à des services de prévention et de traitement du VIH/sida • Services améliorés aux particuliers et aux collectivités • Services améliorés aux populations à risque	• Gouvernements (provinciaux et territoriaux) et administrations municipales • ONG nationales oeuvrant auprès des collectivités des Premières nations • organismes communautaires • secteur privé • chercheurs • associations professionnelles
• Politiques et programmes fédéraux efficaces et coordonnés liés au VIH/sida • Réponse nationale durable et intégrée au VIH/sida au Canada • Disponibilité assurée de renseignements fiables pour la prise de décisions	• Élaboration de politiques appropriées par d'autres niveaux de gouvernement, les Premières nations, les ONG, les associations professionnelles et le secteur privé • Augmentation des ressources fournies par d'autres niveaux de gouvernement, le secteur privé et les ONG • Création de mécanismes de coordination efficaces • Collecte de données, information, recherche et évaluation appropriées • Base d'information appropriée à la recherche de solutions aux questions posées par le VIH / Sida • Utilisation réelle des renseignements pour l'élaboration de politiques et programmes • Diffusion efficace de l'information	• Ministères et organismes fédéraux et sociétés d'État

6. Gestion de la mesure du rendement, par Santé Canada

L'approche de mesure du rendement, adoptée pour la *Stratégie canadienne sur le VIH/sida*, applique les principes de coopération exposés dans la *Stratégie*, ainsi que la méthodologie inhérente à la gestion axée sur les résultats. Santé Canada, en collaboration avec les partenaires associés au cadre de mesure du rendement, a adopté une approche à trois volets pour la gestion de ce domaine. Des mécanismes de rétroaction sont intégrés au système, grâce aux divers comités indiqués précédemment.

- *Détermination et surveillance des questions liées au VIH/sida.* Santé Canada et ses partenaires surveilleront les réalisations canadiennes et, dans une certaine mesure, celles de l'étranger, en ce qui concerne le VIH/sida.

- *L'élaboration et le perfectionnement d'indicateurs de rendement et d'autres instruments pour mesurer le progrès vers l'atteinte de résultats.* Les activités de la Stratégie seront contrôlées à l'aide d'indicateurs de rendement pertinents, et des liens fonctionnels horizontaux seront établis avec les principaux résultats.

- *Gestion des questions horizontales et examen global des activités et résultats.* La Direction générale de la promotion et des programmes de la santé, de Santé Canada, en tant que centre de coordination désigné de la Stratégie, dirigera les divers processus de coordination et contrôlera les activités par rapport aux objectifs et aux éléments de programme énoncés dans la Stratégie. Elle s'assurera également d'une planification régulière dans l'ensemble de la Stratégie.

7. Comptes rendus des activités

Il existe deux rapports annuels qui doivent être rédigés au sujet de la *Stratégie canadienne sur le VIH/sida* : *celui du Ministre intitulé « Rapport du Canada sur le VIH/sida »* et le *Rapport sur le rendement sur la Stratégie canadienne sur le VIH/sida.*

Le Groupe de travail sur l'évaluation (GTE) a pour fonction de guider l'élaboration d'un rapport annuel sur le rendement. Ses membres coordonnent l'examen des activités, surveillent les progrès réalisés dans la détermination d'indicateurs de rendement, recueillent des données sur le rendement et obtiennent les principaux résultats, examinent le caractère complet et pertinent des renseignements sur le rendement, et recommandent la collecte d'autres données au besoin.

La pièce suivante illustre les exigences en matière de rapports pour les ministères participant à la *Stratégie canadienne sur le VIH/sida* et qui sont entièrement ou partiellement financées à partir de la *Stratégie*, et pour les ministères et organismes menant des activités liées au VIH/sida , à partir de ressources ministérielles.

Source de financement	Exigences en matière de rapports
entièrement ou partiellement financée à partir de la *Stratégie*	*Mise à jour :* Tableau des indicateurs de rendement : remplir, réviser, dater et faire signer par le gestionnaire responsable, pour chaque activité. À réviser annuellement, à mesure que les activités et résultats préliminaires sont mis à jour. *Préparer la participation ministérielle au rapport annuel sur la Stratégie canadienne sur le VIH/sida :* 1. Sommaire : fournir une vue d'ensemble générale des résultats et réalisations, y compris les renseignements connexes, à partir des rapports d'automne sur le rendement, une évaluation et une vérification officielles des programmes, des systèmes de suivi ministériels, des rapports, des moyens de communication et (ou) des interviews. Le GTE peut, pendant l'application de la *Stratégie* et en discutant avec le Ministère, recommander à ce dernier de mener des études spéciales sur les activités de la *Stratégie*. 2. Rapport narratif : rendre compte de chaque activité énumérée l'année précédente, décrire le statut et le budget de l'activité, son produit (résultats), ses bénéficiaires (envergure) et ses liens avec les répercussions à long terme (principaux résultats) de la *Stratégie*. Énumérer les partenaires ayant contribué aux ressources, tant financières qu'en nature.
entièrement financée par les ressources ministérielles, avec, comme objectif, l'intégration et la durabilité des activités relatives au VIH et au sida	*Mise à jour :* Tableau des indicateurs de rendement : remplir, réviser, dater et faire signer par le gestionnaire responsable, pour chaque activité. À réviser annuellement, à mesure que les activités et résultats préliminaires sont mis à jour. *Préparer la participation ministérielle au rapport annuel :* Rapport narratif : rendre compte de chaque activité énumérée l'année précédente, décrire *idéalement* le statut de l'activité, son produit (résultats), ses bénéficiaires (envergure) et ses liens avec les répercussions à long terme (principaux résultats) de la *Stratégie*. Énumérer les partenaires ayant contribué aux ressources, tant financières qu'en nature.

7.1 Rapport annuel

Les renseignements sur le rendement fournis à l'annexe A serviront à préparer les rapports annuelle, ministériel et public.

Cycle annuel des rapports et approbations		
Quand	**Qui**	**Quoi**
Février	DGPPS, Santé Canada	Envoi d'une lettre d'appel aux ministères pour des tableaux révisés et intégration le Rapport annuel sur le rendement de la SCVS
Mars	Santé Canada : directions générales appropriées, CRM et SCC	Les ministères présentent des tableaux révisés et intégration le Rapport annuel sur le rendement de la SCVS
Avril	DGPPS, Santé Canada	Préparation du projet de Rapport annuel sur le rendement de la SCVS
Avril	DGPC, Santé Canada	Révision du premier projet de Rapport annuel sur le rendement de la SCVS, destiné au GTE
Mai	DGPPS, Santé Canada	Révision du Rapport annuel sur le rendement de la SCVS, en répondant aux commentaires et circulation du projet 2
Mai	Sous-section de l'intégration et de la coordination de la Politique sur le VIH /sida, DGPPS	Les ministères indiquent s'ils sont d'accord.
30 juin	DGPPS, Santé Canada	Santé Canada transmet au SCT le Rapport annuel sur le rendement de la SCVS.
Septembre et février	GTE sur la *Stratégie canadienne sur le VIH/sida*	Réunion pour surveiller les progrès réalisés, examiner les renseignements sur le rendement, évaluer la gestion des questions horizontales et formuler des recommandations

8. Approbations et modifications annuelles associées au cadre de rapport

Les cinq SMA de Santé Canada, qui sont chargés d'exécuter la *Stratégie*, ainsi que le commissaire adjoint de SCC, examinent et approuvent. Le document. le SMA des Politiques et de la consultation, Santé Canada, présente, au Secrétariat du Conseil du Trésor, le présent cadre de rapport sur le rendement ainsi que les rapports annuels subséquents.

SECTION 2

Annexe

SVP voir l'annexe à la section 2 de la version anglaise

Our mission is to help the people of Canada maintain and improve their health.

Health Canada

Notre mission est d'aider les Canadiens et les Canadiennes à maintenir et à améliorer leur état de santé.

Santé Canada

The Departmental Program Evaluation Division provides objective information and advice on policy and program performance and works to strengthen departmental performance measurement and evaluation capacity in order to enhance the impact of Health Canada's activities on the health of the people of Canada.

La Division de l'évaluation des programmes ministérielle offre de l'information et des conseils objectifs sur le rendement des politiques et des programmes et s'efforce de renforcer la capacité du Ministère à mesurer et à évaluer le rendement afin d'accroître l'impact des activités de Santé Canada sur la santé de la population canadienne.